

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 03, 1999 8:00 am
Secretary of State

08-03-1999 90008 042 ****61.25

DOCUMENT # N95000005631

1. Corporation Name

L.F. PALM BEACH REALTY CORPORATION

Principal Place of Business

PALM BEACH REALTY CORP.
KANMER HWY.
PALM BEACH FL

Mailing Address

C/O ULICO INC. ATTN: MORT. & REAL EST.
111 MASS. AVE. N.W.
WASHINGTON DC 20001



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

11/27/1995

4. FEI Number

58-2231562

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BEARSE, MICHAEL S	
STREET ADDRESS	905 16TH STREET, N.W.	
CITY-ST-ZIP	WASHINGTON DC 20006-1765	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FISCHER, GEORGE J	
STREET ADDRESS	905 16TH STREET, N.W.	
CITY-ST-ZIP	WASHINGTON DC 20006-1765	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WARREN, MASON M	
STREET ADDRESS	905 16TH STREET, N.W.	
CITY-ST-ZIP	WASHINGTON DC 20006-1765	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VINALL, R P	Deceased
STREET ADDRESS	905 16TH STREET, N.W.	
CITY-ST-ZIP	WASHINGTON DC 20006-1765	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CAVALLARO, ALFRED A	
STREET ADDRESS	905 16TH STREET, N.W.	
CITY-ST-ZIP	WASHINGTON DC 20006-1765	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Booker, Carl E.
4.3 STREET ADDRESS	905 16th Street, NW
4.4 CITY-ST-ZIP	Washington, DC 20006-1765
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

July 27, 1999 202/737-8320

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #