FILE NOW: FILING FEE AFTER MAY 1 IS $225.00 LATE

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:45

DOCUMENT # **P93000065224 (6)**

1. Corporation Name
PALM COAST VILLAS INC.

Principal Place of Business
5454 N OCEAN SHORE BLVD
PALM COAST FL 32137

Mailing Address
5454 N OCEAN SHORE BLVD
PALM COAST FL 32137

DO NOT WRITE IN THIS SPACE

3. Date of Last Report: 09/20/1993
3a. Date of Last Report: 09/06/1994

2. Principal Place of Business — 21 — Suite, Apt. #: 22 — City, State: 23 — Zip: 24 — County: 25
2a. Mailing Address — 26 — Suite, Apt. #: 27 — City, State: 28 — Zip: 29 — County: 30

4. FEI Number: 59-2567588 — Applied For / Not Applicable

5. Certificate of Status Desired: [ ] $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: [ ] $5.00 May Be Added to Fees

8. The corporation has liability for intangibles tax under S. 199.032 Florida Statutes: [ ] Yes [X] No

9. Name and Address of Current Registered Agent
THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301

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 Section 607.0505, 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 hereby accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE P NAME IRACE, STEVEN ~~68 FOURTH ST.~~ 63 Commercial Ave CITY GARDEN CITY NY 11530	
TITLE ST NAME IRACE, EUGENE ~~33 STILLWELL ROAD~~ 63 Commercial Av CITY GARDEN CITY NY 11530	
TITLE NAME	
TITLE NAME	
TITLE NAME	
TITLE NAME	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

TITLE NAME	[ ] Change [ ] Addition
TITLE NAME	[ ] Change [ ] Addition
TITLE NAME	[ ] Change [ ] Addition
TITLE NAME	[ ] Change [ ] Addition
TITLE NAME	[ ] Change [ ] Addition
TITLE NAME	[ ] Change [ ] Addition

REMITTED BY MAY 1

14. I hereby certify that the information supplied with this report is correct. I further authorize this corporation to be charged the amount indicated for the report chosen in item 5 above. I hereby certify that the corporation has paid all fees due to the Department of State for filing previous reports and that the corporation shall have the same legal effect of timely and properly filed annual reports if this report is filed with proper payment within one (1) year of the report date shown in item 3 above. I understand that the report must be received by the Department of State, Division of Corporations, on or before the last day of the month in which the report was originally due, or it will be considered late.

SIGNATURE: EUGENE L. IRACE 5/15/95 516 294 9420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0012403 CP