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FILED
Feb 09 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000044413 (0)

1. Corporation Name

PALM VILLAS OF FORT MYERS, INC.

Principal Place of Business

1415 SW 53RD LANE
CAPE CORAL FL 33904
US

Mailing Address

432 KELLEY DR.
432 KELLY DR
WEST BERLIN N. 08091
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/08/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

13-3810359

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

23

28

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes No

24

25

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL

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 607.0502 and 607.1508, 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 607.0505, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME PAUL, KLAUS D
STREET ADDRESS 1-3 PAGENTORNER ST
CITY-ST-ZIP BREMEN GERMANY 28203

DELETE

1.1 TITLE D
1.2 NAME Paul, Klaus D.
1.3 STREET ADDRESS Calle Victoria 28
1.4 CITY-ST-ZIP Calvia, Mallorca, Baleares

Change Addition

TITLE D
NAME HAGGE, DIRK
STREET ADDRESS 28A HINTER ST
CITY-ST-ZIP ELMISHORN GE

DELETE

2.1 TITLE D
2.2 NAME Hagge, Dirk
2.3 STREET ADDRESS Op de Loh 7
2.4 CITY-ST-ZIP 25337 Elmshorn, Germany

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

January, 15th, 1998

CR2E034 (10/97)