FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 02 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPÓRATIONS

DOCUMENT # P94000048212 (2)

PLANTATION VI, INC.

Principal Place	e of Business	Mailing Address	Mailing Address				I LODILODI FLO IBARK BIOM BOMIN DOMIN DOMIN		FR 11 JUL 1 1 1		
2328 10TH AV	E NORTH	2328 10TH AVE NORTH	2328 10TH AVE NORTH								
LAKE WORTH	FL 33461	*	LAKE WORTH FL 33461-6615								
							3. Date Incorporated or Qualified 06/28/1994	3a. Date of Last Report 05/01/1996			
2. Principal Pi	lace of Business	2a. Mailing Address					4. FEI Number	1		oplied For	
21		26					59-3346507		No	ot Applicable	
Sulte, Apt.	#, etc.	Suite, Apl. #, etc.					5. Certificate of Status Desired S8.75 Additional Fee Required				
City & State	3	City & State					6. Election Campaign Financing		\$5.00	May Be	
23		28				Trust Fund Contribution		Added	to Fees		
Zip`	Country	Zip	<u> </u>	untry			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
24	25 9. Name and Address of Curren	29 t Registered Agent	30				Florida Statutes D. Name and Address of New Reg				
ete	IN, CHARLES	r riegisteren Agent		81	Name		O. Name and Address of New Het	Jistered Ag	ent		
	8 10TH AVENUE NORTH										
	TE #401			82	Street A	Address	(P.O. Box Number is Not Acceptab	le)			
	E WORTH FL 33461			83							
				84	City				85 Zip	Code	
44 6				<u> </u>							
11. Pursuant l	to the provisions of Sections 607.050; egistered agent, or both, in the State	2 and 607.1508, Florida Sta of Florida. Such change wa	itutes, the a as authorize	aboye ad by	p-named (the corp	corpora poration	ition submits this statement for the p 's board of directors. I hereby accen	urpose of c	nanging it itment as	ts registered registered	
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505,	Florida Sta	atutes	3 .		, , , , , , , , , , , , , , , , , , , ,				
SIGNATURE	Stockhare based or printed page of scale and age	of and the flanches the	OTF. D					5.76			
Signature, typod or printed name of registered agent and tilled applicable. (NOTE Registere 12. OFFICERS AND DIRECTORS 13.					ni signajure	падычер м	ADDITIONS/CHANGES TO OFFICE	DATE.	IRECTOR	S IN 12	
TITLE	DELETE			1.1 TITLE			ADDITIONS/OFFANGES TO OFFICE		Change	Addition	
NAME	STEIN, CHARLES	_			1.2 NAME			_	--		
STREET ADDRESS	802 NW 2ND AVE				ADDRESS						
CITY-ST-ZIP	DELRAY BEACH FL 33444		· ·		1.4 CITY-ST-ZIP						
TITLE		DELETE			2.1 TITLE				Change	Addition	
NAME			2.2 N	NAME							
STREET ADDRESS			2.3 9	STREFT	ADDRESS						
CITY-ST-ZIP			2.4	2.4 CITY-ST-ZIP							
TITLE		☐ DELETE	3.1 7	3.1 TITLE					Change	Addition	
NAME			3.2 N	NAME							
STREET ADDRESS			3.3 9	STREET	ADDRESS					•	
CITY-ST-2IP		T course		CITY - S	IT - ZIP						
TITLE		☐ DELETE	4.1 T					L] Change	Addition	
NAME				NAME							
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP TITLE		DELETE		HY-S	1 - 7IP				Chann	A desired	
NAME				51 TITLE 52 NAME				L] Change	Addition	
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP				CITY-S							
TITLE		DELETE	611		1-610				Change	Addition	
NAME				NAME	1			_	··g-		
STREET ADDRESS					ADDRESS						
CITY, ST. ZIP			6.4.0	יש עדני	7 7/0						
14. I do heret	by certify that the information supplied	with this filing does not qu	alily for the	ехе	mption st	tated in	Section 119.07(3)(i), Florida Statutes	I further c	ertify that	the	
l am an of appears in	by certify that the information supplied in indicated on this annual report or s fficer or director of the corporation or in Block 12 or Block 13 if changed or	uppiemayiai ang iai report the receiver of rustee emp on an attachment with an a	is true and powered to address.	acci exeo	rrate and tute this re	that my report as CH/	r signature shall have the same legal s required by Chapter 607, Florida St	ettect as if tatutes; and	made un That my r	der oath; that name	