

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jun 26 1997 8:00am
Secretary of State

DOCUMENT # P94000072317 (8)

1. Corporation Name

PALM AIRE RESORTS MANAGEMENT CORP.

Principal Place of Business

2800 PALM AIRE DRIVE NORTH
POMPANO BEACH FL 33069
US

Mailing Address

2800 PALM AIRE DRIVE NORTH
POMPANO BEACH FL 33069-3465
US



3. Date Incorporated or Qualified

10/03/1994

3a. Date of Last Report

05/01/1996

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

4. FEI Number

65-0523092

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. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

LOVELACE, RHONDA J
2800 PALM AIRE DRIVE NORTH
POMPANO BEACH FL 33069

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 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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P COLLINS, GARY
2800 PALM AIRE DRIVE NORTH
POMPANO BEACH FL

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DVS ABRAMS, LAWRENCE
5127 POINTE EMERALD LANE
BOCA RATON FL 33486

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DVP MCLENEGHEN, WILLIAM J.
2800 PALM AIRE DRIVE NORTH
POMPANO BEACH FL

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

Director
Jeffrey P. Orleans
1 Greenwood Square, 3333 Street Rd
Bensalem, PA 19010

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

Secretary, Treasurer
Rhonda J. Lovelace
2800 Palm Aire Drive North
Pompapo Beach, FL 33069

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

Vice President
Lee Mailbox
2800 Palm Aire Drive North
Pompapo Beach, FL 33069

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

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

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

14. I do 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 in an attachment with an address.

SIGNATURE Rhonda J. Lovelace Secretary 6/26/97

CR2E034 (9/96)