

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0081364

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P94000082552 (8)

1. Corporation Name
 FLORAL LAKES OF DELRAY BEACH, INC.



Principal Place of Business: 6250 W ATLANTIC AVENUE, DELRAY BEACH FL 33484-3599
 Mailing Address: 6250 W ATLANTIC AVENUE, DELRAY BEACH FL 33484-3599

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/10/1994	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0541161	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
 LITTLE, EDMOND G
 2424 N. FEDERAL HIGHWAY
 SUITE 103B
 BOCA RATON FL 33431

10. Name and Address of New Registered Agent
 81 Name: ARTHUR ROSACKER JR
 82 Street Address (P.O. Box Number is Not Acceptable): 6250 W. ATLANTIC AVE
 83
 84 City: DELRAY BEACH FL 85 Zip Code: 33484

11. Pursuant to the provisions of sections 607.0502 and 607.1505, 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: *Arthur Rosacker Jr* DATE: 7-29-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DP	ROSAKCKER, ARTHUR JR	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 6250 W ATLANTIC AVENUE		1.2 NAME	
CITY-ST-ZIP: DELRAY BEACH FL 33484-3599	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
TITLE: DV	ROSAKCKER, BARBARA	1.4 CITY-ST-ZIP	
STREET ADDRESS: 6250 W. ATLANTIC AVENUE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP: DELRAY BEACH FL 33484-3599	<input type="checkbox"/> DELETE	2.2 NAME	
TITLE: SDTV	LITTLE, EDMOND G	2.3 STREET ADDRESS	
STREET ADDRESS: 2424 N. FEDERAL HIGHWAY, SUITE 103B	<input checked="" type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
CITY-ST-ZIP: BOCA RATON FL		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		3.2 NAME	
STREET ADDRESS:	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
CITY-ST-ZIP:		3.4 CITY-ST-ZIP	
TITLE:		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		4.2 NAME	
CITY-ST-ZIP:		4.3 STREET ADDRESS	
TITLE:		4.4 CITY-ST-ZIP	
STREET ADDRESS:		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP:		5.2 NAME	
TITLE:		5.3 STREET ADDRESS	
STREET ADDRESS:		5.4 CITY-ST-ZIP	
CITY-ST-ZIP:		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		6.2 NAME	
STREET ADDRESS:		6.3 STREET ADDRESS	
CITY-ST-ZIP:		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Arthur Rosacker Jr* DATE: 7-29-98 511-499-2655

CR2E034 (5/98)