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PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Mar 28 1996 8:00 am
Secretary of State

DOCUMENT # **P94000084926 (2)**

1. Corporation Name
PLANTATION COVE, INC.

Principal Place of Business
149 EAST INTERNATIONAL SPEEDWAY BLVD.
DAYTONA BEACH FL 32118

Mailing Address
149 EAST INTERNATIONAL SPEEDWAY BLVD.
DAYTONA BEACH FL 32118

3. Date Incorporated or Qualified: **11/21/1994**
3a. Date of Last Report: **02/07/1995**

2. Principal Place of Business
21 145 S. Atlantic Ave.
Suite, Apt. #, etc.
22
City & State
23 Ormond Beach, FL
Zip 24 32176 Country 25

2a. Mailing Address
26 P.O. Box 306
Suite, Apt. #, etc.
27
City & State
28 Ormond Beach, FL
Zip 29 32175-0306 Country 30

4. FEI Number: **APPLIED FOR** 59-3304665 [ ] 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. [X] Yes [ ] No

9. Name and Address of Current Registered Agent
SWEET, JEFFREY C
149 EAST INTERNATIONAL SPEEDWAY BLVD.
DAYTONA BEACH FL 32118

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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	[ ] DELETE
NAME	KULZER, JAMES F	
STREET ADDRESS	325 RIVERSIDE DRIVE	
CITY, ST, ZIP	ORMOND BEACH FL	
TITLE	D	[ ] DELETE
NAME	KULZER, SALLY	
STREET ADDRESS	325 RIVERSIDE DR.	
CITY, ST, ZIP	ORMOND BEACH FL 32174	
TITLE	ST	[X] DELETE
NAME	KANDEL, MARTIN	
STREET ADDRESS	9 WATERFRONT COURT	
CITY, ST, ZIP	ORMOND BEACH FL	
TITLE	D	[X] DELETE
NAME	KANDEL, PAULA M	
STREET ADDRESS	9 WATERFRONT COURT	
CITY, ST, ZIP	ORMOND BEACH FL 32174	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY, ST, ZIP		
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY, ST, ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY, ST, ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY, ST, ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY, ST, ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY, ST, ZIP		

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***200.00

14. I do hereby certify that the information, supplied by this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 attached list with an asterisk.

SIGNATURE: _____ 3/6/96 (904)677-1446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone
James F. Kulzer — SG 3-28-96

CR2E034 (12/95)