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Apr 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000084926 (2)

1. Corporation Name
PLANTATION COVE, INC.

Principal Place of Business
145 S ATLANTIC AVE
ORMOND BEACH FL 32176

Mailing Address
P.O. BOX 306
ORMOND BEACH FL 32175-0306



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/21/1994		3a. Date of Last Report 03/28/1996	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-3304665		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		30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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. City
84. City
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	ST
NAME	KULZER, JAMES F	1.2 NAME	MEADOWS, RICHARD W.
STREET ADDRESS	325 RIVERSIDE DRIVE	1.3 STREET ADDRESS	56 OAKVIEW CIR.
CITY-STATE-ZIP	ORMOND BEACH FL	1.4 CITY-STATE-ZIP	ORMOND BEACH, FL 32176
TITLE	D	2.1 TITLE	
NAME	KULZER, SALLY	2.2 NAME	
STREET ADDRESS	325 RIVERSIDE DR.	2.3 STREET ADDRESS	
CITY-STATE-ZIP	ORMOND BEACH FL 32174	2.4 CITY-STATE-ZIP	
TITLE	ST	3.1 TITLE	
NAME	KANDEL, MARTIN	3.2 NAME	
STREET ADDRESS	9 WATERFRONT COURT	3.3 STREET ADDRESS	
CITY-STATE-ZIP	ORMOND BEACH FL	3.4 CITY-STATE-ZIP	
TITLE	D	4.1 TITLE	
NAME	KANDEL, PAULA M	4.2 NAME	
STREET ADDRESS	9 WATERFRONT COURT	4.3 STREET ADDRESS	
CITY-STATE-ZIP	ORMOND BEACH FL 32174	4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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 on an attachment with an address.

SIGNATURE: _____ DATE: 4/4/97 (904) 677-1446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: RICHARD W. MEADOWS

CR2E034 (9/96)