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

 PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 0000 DOCUMENT #

PLANTATION A CRES, INC THE ISUES

Principal Place of Business 12150 NW 10-14 STR CORAL SPRINIS 3 3071

Mailing Address

33071

12150 NW 1014 STR CORAL SPRINGS FL

00011	45				3647 18, 1995 1714 13, 197	ø	
Principal Place of Business		2a. Mailing Addres	2a. Mailing Address		4. FEI Number Applied For		
		26			65-0632079 Not Applicable		
Suite, Apr. # leto		Suite. Apt. #, et	Suite: Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional		
		27			Fee Required		
City & State		Crty & State	City & State		6. Election Campaign Financing \$5.00 May Be		
3		28	28		Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Counti	ry	B. This corporation has liability for intangible tax under s. 199 032	4	
ī	25	29	30		Florida Statutes Yes ANo		
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ALAN J. POMERANTZ			8	81 Name MARK PALESTINE  82 Street Address (P.O. Box Number is Not Acceptable) 12.150 NW 10-111 Edg			
			8:				
			8:	3			

CORAL

to provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered forcit 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 in forcit, and accept the obligations of, Section 607.0505, Florida Statutes.

MARK ARESTIME

4.2.1 67 SIGNATURE (NOTE: Registered Agent signature required when reinstating) (96/6)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 117IDE LILE CR2E034 PALES TIME 1.2 NAME NAME 1.3 STREET ADDRESS STREET ADOPESS 1.4 CITY - ST - ZIP CITY ST-7 P Change Addition DELETE 21 TITLE 1(1),F NAVE 2.2 NAME 23 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP Change Addition DELETE 3.1 TITLE 329 32 NAME 1.2.7 3.3 STREET ADDRESS STREET ADORESTS 3.4 CITY-ST-ZIP

4.1 TITLE

THU 4 2 NAME NAM: 4.3 STREET ADDRESS \$18E(1.40(JF)55 4.4 CITY - ST - ZIP GG 51 \_\_\_ DELETE 5.1 TITLE 1014 5.2 NAME **5.3 STREET ADDRESS** CORRECT ADDRESS. 54 CITY-ST-ZIP OHY 51 70 DELETE S 1 TITLE 1.108

DELETE

300002164163

5.13 STREET ADDRESS
6.3 STREET ADDRESS
6.4 CHY-ST-7IP

14. I do noteby cortily that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included 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 are already of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name and responsible to the corporation of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name 13 if changed, or on an attachment with an address.

SIGNATURE:

(17 51-71)

NAME

Change

Change

Addition

Addition

May 01 1997 8:00am

Secretary of State

3a. Date of Last Report

Zip Code

3. Date Incorporated or Qualified

SPLINGS