

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

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90142 043 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000033396

1. Corporation Name
270 SOUTH COUNTY ROAD CORP.



Principal Place of Business
**250 WORTH AVE
 PALM BEACH FL 33480**

Mailing Address
**250 WORTH AVE
 PALM BEACH FL 33480**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21
 Suite, Apt. #, etc.
 22
 City & State
 23
 Zip
 24

2a. Mailing Address
 26
 Suite, Apt. #, etc.
 27
 City & State
 28
 Zip
 29

Country
 25
 Country
 30

3. Date Incorporated or Qualified
04/17/1996

4. FEI Number
65-0671953

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HANDELSMAN, BURTON
 250 WORTH AVE
 11380 PROSPERITY FARMS RD, SUITE 112
 PALM BEACH FL 33480**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PD	
NAME	HANDELSMAN, STEVE	
STREET ADDRESS	18 HOTEL DR.	
CITY-ST-ZIP	WHITE PLAINS NY	
TITLE	V.P.	
NAME	STOCKER, MARSHA	
STREET ADDRESS	5 LOVE LANE	
CITY-ST-ZIP	HARRISON NY	
TITLE	AS	
NAME	HANDELSMAN BURTON	
STREET ADDRESS	250 WORTH AVE	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	AS	
NAME	HANDELSMAN LUCILLE	
STREET ADDRESS	250 WORTH AVE	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	AS	
NAME	HARRISON SANDY	
STREET ADDRESS	3 LOVE LANE	
CITY-ST-ZIP	HARRISON NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.1 TITLE	NP		
1.2 NAME	STOCKER, MARSHA		
1.3 STREET ADDRESS	5 LOVE LANE		
1.4 CITY-ST-ZIP	HARRISON, N.Y		
2.1 TITLE	AS		
2.2 NAME	HANDELSMAN, BURTON		
2.3 STREET ADDRESS	250 WORTH AVE		
2.4 CITY-ST-ZIP	PALM BCH, FL 33480		
3.1 TITLE	AS		
3.2 NAME	HANDELSMAN, LUCILLE		
3.3 STREET ADDRESS	250 WORTH AVE		
3.4 CITY-ST-ZIP	PALM BCH, FL 33480		
4.1 TITLE	AS		
4.2 NAME	HANDELSMAN, SANDY		
4.3 STREET ADDRESS	3 LOVE LANE		
4.4 CITY-ST-ZIP	HARRISON, NY		
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
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, with all other like empowered.

SIGNATURE: _____ Date: **4/5/99** Daytime Phone #: **561 835 6903**

CR2E034 (11/98)