

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

FILED

Feb 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000037776 (7)

1. Corporation Name
HIBISCUS ESTATE, INC.

Principal Place of Business

125 WORTH AVENUE
SUITE 318
PALM BEACH FL 33480

Mailing Address

125 WORTH AVENUE
SUITE 318
PALM BEACH FL 33480



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	277 ROYAL POINCIANA WAY	26	P.O. BOX 2558	04/30/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 STE 102		27		65-0663933	
City & State		City & State		Applied For	
23 PALM BEACH FL		28 PALM BEACH FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 33480		29 33480		X	
Country		Country		8.75 Additional Fee Required	
25 U.S.A		30 U.S.A		6. Election Campaign Financing Trust Fund Contribution	
26		31		X	
27		32		\$5.00 May Be Added to Fees	
28		33		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
29		34		Yes No	
30		35		9. Name and Address of Current Registered Agent	
31		36		10. Name and Address of New Registered Agent	
32		37		81 Name	
33		38		82 Street Address (P.O. Box Number is Not Acceptable)	
34		39		83	
35		40		84 City	
36		41		FL	
37		42		85 Zip Code	
38		43		CIOMEK, ZDZISLAW	
39		44		125 WORTH AVENUE	
40		45		SUITE 318	
41		46		PALM BEACH FL 33480	

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

Signature typed or printed name of registered agent and title if applicable


(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	P
NAME	ZDZISLAW CIOMEK	1.2 NAME	ZDZISLAW CIOMEK
STREET ADDRESS	125 WORTH AVE., #318	1.3 STREET ADDRESS	P.O. BOX 2558
CITY-ST-ZIP	PALM BCH FL	1.4 CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE		2.1 TITLE	277 ROYAL POINCIANA WAY
NAME		2.2 NAME	STE 102
STREET ADDRESS		2.3 STREET ADDRESS	PALM BEACH, FL 33480
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/98

(SBI) 655-5533

CR2E034 (10/97)