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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000043212 (5)

PALM HARBOR PLAZA, INC.

FILED May 23 1997 8:00am Secretary of State



Principal Place of Business Mailing Address 101 EAST KENNEDY BLVD. #39 2-5 TAMPA FL 33602-5133					S							
								ocorporated or Qualified // 1996	3a. Da	te of Last F	Report	
L '	lace of Business	2e. Mailir	g Address				4. FEI Nu	mber	 	A	pplied For	
21	H	26	Suite, Apt. #, etc					-3392831			lot Applicable	
Suite, Apt		27	27				6. Certific	6. Certificate of Status Desired See Required Fee Required				
City & State	0	City 8	City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Country Zip			Country				8. This corporation has liability for intangible tax under s. 199.032,				
24	25 29 30 30 30 30 30 30 30 3					Florida Statutes Yes No 10. Name and Address of New Registered Agent						
CLAC		aur vafieralen	₩8aıır		81	Name	IV. regins	AILO ACCIESE DI 110M	Vadietaien y	Maile		
SMITH, W L 101 EAST KENNEDY BLVD. #88" #3700					82	Street A	ddress (P.O. Box Number is Not Acceptable)					
	TE 3700 - BARNETT PLAZA IPA FL 33602				83	l -,						
					84	City			FL	85 Zip	Code	
11 Pursuant	to the provisions of Sections 607 (502 and 607 150	ns Florida Statu	les the a	boye	haman.e	cornoration subm	its this statement for th		changing	its registered	
office or ri agent. La	to the provisions of Sections 607.0 egistered agent, or both, in the Stam familiar with, and accept the ob-	ate of Florida, Sur ligations of, Secti	ch change was on 607,0505, Fi	authorize lorida Stat	d by lutes	the corp	oration's board of	directors. I hereby acc	cept the app	ointment as	s registered	
SIGNATURE	Signature Typed or printed name of registered	agent and title if applica	able (NO	TE: Registere	d Age	nt signature i	equired when reinstating	g)	. DATE			
12.				13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TITLE			DELETE				Presi de			Change	Addition	
NAME				1.2 N/				Kennedy Ennedy B	Nd.Si	ute 3	92 S	
STREET ADDRESS						ADDRESS T-ZIP		E 33	, M		,	
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CITY-ST-7P TITLE			DELETE	3.4. C 4.1 Ti		T-ZIP	,			Change	Addition	
NAME			La otter	4.1 H		ľ				FT comite	nodition	
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP				1		T-ZIP						
TITLE			DELETE	5.1 T)		1-211				Change	Addition	
NAME				52 N						.		
STREET ADDRESS						ADDRESS						
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TITLE			DELETE	6.1 11		-=				Change	Addition	
NAME				6.2 N		}				,		
STREET ADDRESS						ADDRESS						
COY-ST-ZIF						T-ZIP						
	by certify that the information supp	lied with this filin	g does not qual				ated in Section 1	19.07(3)(i), Florida Stati	ites. I further	certify the	1 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 or anyattachment with an address.