

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

98 APR 23 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000102142 (2)

1. Corporation Name

PALMETTO DUNES, INC.



Principal Place of Business

Mailing Address

3300 S HIAWASSEE RD
SUITE 107
ORLANDO FL 32835

PO BOX 4961
ORLANDO FL 32802-4961
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/18/1996	
22 City & State		27 City & State		4. FEI Number	
23 Zip		29 Zip		59-3424585	
24 Country		30 Country		Applied For	
				Not Applicable	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
B&C CORP SERVICES OF CENTRAL FLORIDA, INC 390 N ORANGE AVE SUITE 1100 ORLANDO FL 32801				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83 City	
				84 City	

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	PD	1.1 TITLE	D/CEO
NAME	CHIRA, LEE	1.2 NAME	Lee Chira
STREET ADDRESS	3300 S HIAWASSEE RD, STE 107	1.3 STREET ADDRESS	3300 S. Hiawassee Rd., Ste. 107
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Orlando, FL 32835
TITLE	VS	2.1 TITLE	D/VP/S
NAME	CARLTON, CHARLES S	2.2 NAME	Charles S. Carlton
STREET ADDRESS	3300 S HIAWASSEE RD, 107	2.3 STREET ADDRESS	3200 S. Hiawassee Rd., Ste. 205
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Orlando, FL 32835
TITLE	VT	3.1 TITLE	D/P
NAME	KROPP, STEVEN G	3.2 NAME	Steven G. Kropp
STREET ADDRESS	3300 S HIAWASSEE RD, 107	3.3 STREET ADDRESS	3200 S. Hiawassee Rd., Ste. 205
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	Orlando, FL 32835
TITLE	VAS	4.1 TITLE	D/VP/AS
NAME	MCKINNEY, E JOSEPH	4.2 NAME	Eugene Joseph McKinney
STREET ADDRESS	3300 S HIAWASSEE RD, 107	4.3 STREET ADDRESS	3200 S. Hiawassee Rd., Ste. 205
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	Orlando, FL 32835
TITLE	V	5.1 TITLE	D/VP/AT
NAME	LAWLER, THOMAS	5.2 NAME	Thomas P. Lawler
STREET ADDRESS	3300 S HIAWASSEE RD, 107	5.3 STREET ADDRESS	3200 S. Hiawassee Rd., Ste. 205
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	Orlando, FL 32835
TITLE	V	6.1 TITLE	D/VP/T
NAME	WILLNER, DAVID	6.2 NAME	David M. Willner
STREET ADDRESS	3300 S HIAWASSEE RD, 107	6.3 STREET ADDRESS	3200 S. Hiawassee Rd., Ste. 205
CITY-ST-ZIP	ORLANDO FL	6.4 CITY-ST-ZIP	Orlando, FL 32835

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, trustee or assignee 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 amendment with an address.

CR2E034 (10/97)