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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P97000046820 (1)
1. Corporation Name
PALM CITY APARTMENTS, INC.

Principal Place of Business: 331 TONEY PENNA JUPITER FL 33468
Mailing Address: 331 TONEY PENNA JUPITER FL 33468



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/28/1997
4. FEI Number: [] Applied For [X] Not Applicable
5. Certificate of Status Desired: [] \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [X] \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30: [] Yes [] No

9. Name and Address of Current Registered Agent
SAWYER, THOMAS R
MCCARTHY SUMMERS BOBKO MCKEY WOOD & SAWYE
2081 E. OCEAN BLVD. 2ND FLOOR
STUART FL 34990

10. Name and Address of New Registered Agent
81 Name: JON L. OSWALD
82 Street Address (P.O. Box Number is Not Acceptable): 331 TONEY PENNA DR
83 []
84 City: Jupiter FL 85 Zip Code: 33458

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: [Signature] JON L. OSWALD 1/10/98
Signature, type for any change of registered agent, and file if applicable (NOTE: Registered Agent's signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	OSWALD, JON ;	<input type="checkbox"/> DELETE
NAME	OSWALD, JON ;	
STREET ADDRESS	331 TONEY PENNA	
CITY-ST-ZIP	JUPITER FL 33468	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	300002409633-3
1.3 STREET ADDRESS	-01/23/98--01002--003
1.4 CITY-ST-ZIP	***150.00 ***150.00
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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	

42 1-21-98

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] JON L. OSWALD 1/10/98

CR2E034 (10/97)