

<b>DOCUMENT # P97000050327</b>			
1. Entity Name <b>PALMER REALTY INC.</b>			
Principal Place of Business <b>4134 GULF OF MEXICO DRIVE SUITE 302 LONGBOAT KEY FL 34228</b>		Mailing Address <b>4134 GULF OF MEXICO DRIVE SUITE 302 LONGBOAT KEY FL 34228-2614</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
<b>COLES, JASON D 4134 GULF OF MEXICO DRIVE SUITE 302 LONGBOAT KEY FL 34228</b>			Name
			Street Address (P
			City
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required if changing registered office or agent.)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State</b>	
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D COLES, JASON D 4134 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228</b>	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
12.			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607, indicated on this report or supplemental report is true and accurate and that my signature shall have the same effect as that of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, changed, or on an attachment with a new address, with all other like empowered.			
SIGNATURE: _____ <b>JASON D COLES</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

941-387-0809  
Daytime Phone #

CR2E034 (9/99)