

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

FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra S. Morthem Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000057013 (9)
1. Corporation Name
SAL PAL LAND CO. INC.



Principal Place of Business
830 NE 18TH STREET
FORT LAUDERDALE FL 33410

Mailing Address
830 NE 18TH STREET
FORT LAUDERDALE FL 33410

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 275 E Oakland Park Blvd Suite, Apt. #, etc. 22 City & State 23 Ft. Lauderdale, Fl 24 Zip 33334 25 Country		2a. Mailing Address 26 PO Box 31358 Suite, Apt. #, etc. 27 City & State 28 Palm Beach Gardens, FL 29 Zip 33420 30 Country		3. Date Incorporated or Qualified 06/30/1997	
				4. FEI Number 65-0775735	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CRUCE, LINDA 830 NE 18TH STREET FORT LAUDERDALE FL 33410				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				FL 85 Zip Code 33305	

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, 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	D	<input type="checkbox"/> DELETE		1.1 TITLE	VP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CRUCE, LINDA			1.2 NAME			
STREET ADDRESS	830 NE 18TH STREET			1.3 STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL 33410			1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33305		
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	VP-Acctg	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				2.2 NAME	Michael Block		
STREET ADDRESS				2.3 STREET ADDRESS	830 NE 18th Street		
CITY-ST-ZIP				2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33305		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				3.2 NAME	Lisa Palmieri		
STREET ADDRESS				3.3 STREET ADDRESS	830 NE 18th Street		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33305		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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:

Linda Cruce Linda Cruce

4-20-98

CR2E034 (10/97)