

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

FILED  
Feb 17 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000077354 (3)**  
1. Corporation Name  
**MYSTIC COVE DEVELOPMENT CORPORATION**



Principal Place of Business <b>251 ROYAL PALM WAY SIXTH FLOOR PALM BEACH FL 33480</b>	Mailing Address <b>251 ROYAL PALM WAY SIXTH FLOOR PALM BEACH FL 33480</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/02/1997</b>	
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.	4. FEI Number <b>65-0789246</b>		Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country	29 Country	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>SCHILLING, CHRISTOPHER J ESQ. 251 ROYAL PALM WAY SIXTH FLOOR PALM BEACH FL 33480</b>		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	

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

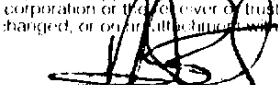
Signature typed or printed name of registered agent if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	D	1.1 TITLE	DPST
NAME	BENTZ, ROBERT A	1.2 NAME	BENTZ, ROBERT A.
STREET ADDRESS	251 ROYAL PALM WAY	1.3 STREET ADDRESS	1280 N. CONGRESS AVE., SUITE 215
CITY-ST-ZIP	PALM BEACH FL 33480	1.4 CITY-ST-ZIP	WEST PALM BEACH FL 33409
TITLE	D	2.1 TITLE	
NAME	BENTZ, KAREN F	2.2 NAME	
STREET ADDRESS	251 ROYAL PALM WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL 33480	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	SCULLY, DONNA	3.2 NAME	
STREET ADDRESS	251 ROYAL PALM WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL 33480	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 supplement to an 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 registered agent 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 the filer's business address.

SIGNATURE:  **2-11-98 Robert A. Bentz, President (561) 478-8501**

CR2E034 (10/97)