

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

FILED
Mar 19 1998 8:00am
Secretary of State



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

PROFIT CORPORATION
 ANNUAL REPORT
1998

DOCUMENT # P97000085175 (2)
 1. Corporation Name
519 PALMER, INC.



Principal Place of Business
**14300 STIRLING ROAD
 FORT LAUDERDALE FL 33330**

Mailing Address
**14300 STIRLING ROAD
 FORT LAUDERDALE FL 33330**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 519 Palmer Ave Suite, Apt. #, etc		2a. Mailing Address 26 14300 Stirling Rd Suite, Apt. #, etc		3. Date Incorporated or Qualified 10/02/1997	
22		27		4. FEI Number 65-0784233 Applied For Not Applicable	
23 City & State Palmer La.		28 City & State Ft. Lauderdale Fl.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 33330		29 Zip 33330		30 Country Broward	
25 Country Cambridge		30 Country Broward		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country Cambridge		30 Country Broward		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 AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134				10. Name and Address of New Registered Agent			
81 Name FRANK MARANA		82 Street Address (P.O. Box Number is Not Acceptable) 14300 STIRLING RD.		83		84 City Ft. Lauderdale	
84 City Ft. Lauderdale		85 State FL		86 Zip Code 33330		87	

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 607.0508, Florida Statutes.

SIGNATURE **Frank Marana** (Signature typed or printed name of registered agent and the applicable agent familiar with, and accept the obligations of Section 607.0508, Florida Statutes)
Frank Marana (NOTE: Registered Agent signature required when reinstating)
 DATE **3/12/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARANA, FRANK J	1.2 NAME	
STREET ADDRESS	14300 STIRLING ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33330	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
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: **Frank Marana Pres** **FRANK MARANA Pres** 3/18/98 954-680-7009

CFR2034 (10/97)