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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P97000104684 (0)

## HISTORIC REDEVELOPMENT CORPORATION

## FILED Feb 20 1998 8:00am Secretary of State



Sulte, Apt. #, etc.	plicable lonal ed Be es		
PAIM BEACH FL 33480  PAIM BEACH FL 33480  PAIM BEACH FL 33480  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 12/11/1997  2. Principal Place of Business  2. Molling Addriess  3. Date Incorporated or Qualified 12/11/1997  Applie	plicable lonal ed Be es		
2. Principal Piace of Business 2. Melling Address 3. Date Incorporated or Qualified 12/11/1997 4. FEI Number 3. City 8. State 3. Date Incorporated or Qualified 12/11/1997 4. FEI Number 4. FEI Number 5. Condition of Business 2. Sulle, Apt. #, etc. 3. Date Incorporated or Qualified 12/11/1997 4. FEI Number 5. City 8. State 6. Election Campaign Financing 7. Trust Fund Contribution 7. State Personal Property Tax due June 20. State	plicable lonal ed Be es		
2. Principal Piace of Business   2a Mailing Address   4. FEI Number   Applied   32   Suite, Apt. #, etc.   5. Certificate of Status Desired   \$8.75 Addit   32   Suite, Apt. #, etc.   5. Certificate of Status Desired   \$8.75 Addit   32   City & State   City & State   City & State   City & State   32   Zip   Zountry   25   Zip   Zip   Added to Fe   34   ROYAL PALM WAY, SUITE 100   PALM BEACH FL 33480   Size Address of Current Registered Agent   10. Name and Address of New Registered Agent   34   ROYAL PALM WAY, SUITE 100   PALM BEACH FL 33480   Size Address of Current Registered Agent   10. Name and Address of New Registered Agent   35   Street Address (P.O. Box Number is Not Acceptable)   36   Size Address (P.O. Box Number is Not Acceptable)   37   Pursuant to the provisions of Socions 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I are familiar with, and accept the obligations of Socions 607 0502 and 607 1508, Florida Statutes   38   Size Address (P.O. Box Number is Not Acceptable)   39   Size Address (P.O. Box Number is Not Acceptable)   30   Size Address (P.O. Box Number is Not Acceptable)   30   Size Address (P.O. Box Number is Not Acceptable)   31   Pursuant to the provisions of Socions 607 0502 and 607 1508, Florida Statutes   30   Size Address (P.O. Box Number is Not Acceptable)   30   Size Address (P.O. Box Number is Not Acceptable)   31   Size Address (P.O. Box Number is Not Acceptable)   32   Size Address (P.O. Box Number is Not Acceptable)   33   Size Address (P.O. Box Number is Not Acceptable)   34   Size Address (P.O. Box Number is Not Acceptable)   35   Size Address (P.O. Box Number is Not Acceptable)   36   Size Address (P.O. Box Number is Not Acceptable)   36   Size Address (P.O. Box Number is Not Acceptable)   36   Size Address (P.O. Box Number is Not Acceptable)   36   Size Address (P.O. Box Number is Not Acceptable)   37   Size Address (P.O. Box Number is Not Acceptable)   38   Size Address (P.O. Bo	plicable lonal ed Be es		
Principal Place of Business   2a   Meling Address   4. FEI Number   Applie   Applie   45 - Q S 5 10   Not P	plicable lonal ed Be es		
2. Principal Place of Business   2a. Meiling Address   4. FEI Number   Applie   45 - 0 & 5   No. F. P. Suite, Apt. #, etc.   5. Certificate of Status Desired   \$8.75 Addit   Fee Requir   \$75 Addit   Fee Requir   \$8.75 Addit   Fee Requir   \$8.75 Addit   Fee Requir   \$8.75 Addit   Fee Requir   \$8.75 Addit   \$	plicable lonal ed Be es		
Suite, Apt. #, etc.    Suite, Apt. #, etc.   27   27   5. Certificate of Status Desired   \$8.75 Additors of Status Desired   Fee Required City & State   Country   State   Countr	lonal ed Be es		
Suite, Apt. #, etc.    Suite, Apt. #, etc.   27   27   5. Certificate of Status Desired   \$8.75 Additors of Status Desired   Fee Required City & State   Country   State   Countr	Be es		
City & State   City	Be es ble		
28	es ble		
Zip Country Zip Country Zip Country Personal Property Tax due June 30. Yes No	ble		
28			
9, Name and Address of Current Registered Agent  PILOTTE, FRANK T 340 ROYAL PALM WAY, SUITE 100 PALM BEACH FL 33480  B1 Name  62 Street Address (P.O. Box Number is Not Acceptable)  B3  B4 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 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, and accept the obligations of Section 607.0505, Florida Statutes.  SIGNATURE  Signature, hyred or privide name of registered agent and tile if applicable.  NOTE: Registered Agent algorituse required when reintating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN  INTEL  MAME  ISABEL, SANDRA M  12. NAME  SIREET ADDRESS  CITY-ST-2P  LAKE WORTH FL 33461  1.4 CITY-ST-2P  ITILE  DELETE  3.1 TILE  Change			
PILOTTE, FRANK T 340 ROYAL PALM WAY, SUITE 100 PALM BEACH FL 33480  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 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 agent and tile it applicable.  SIGNATURE  SIGNATUR			
AND ROYAL PALM WAY, SUITE 100 PALM BEACH FL 33480  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 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 and table it appicable.  SIGNATURE  SIGNATURE  Signature, typed or printed name of registered agent and table it appicable.  OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN  ITILE  DELETE  1.1 TITLE  SIGNATURE  DELETE  1.2 NAME  SIRRET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  2.2 NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.3 STREET ADDRESS  CITY-ST-ZIP  Change			
PALM BEACH FL 33480  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 recoffice 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, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and stile if applicable. [NOTE: Registered Agent signature required when reintating). DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN  ITILE  NAME  SIREET ADDRESS  CITY-ST-ZIP  ITILE  AMAIE  SIREET ADDRESS  CITY-ST-ZIP  DELETE  1.4 CITY-ST-ZIP  DELETE  2.1 TITLE  AMAIE  SIREET ADDRESS  CITY-ST-ZIP  OFFICERS AND COMMENT IN THE COMMENT			
### City ### Let ### B\$ Zip Code ### City ### Let ### L	dress (P.O. Box Number is Not Acceptable)		
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 agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  DELETE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.2 NAME  ISABEL, SANDRA M  1.2 NAME  SIREET ADDRESS  CITY-ST-2IP  ITITE  MAME  SIREET ADDRESS  CITY-ST-2IP  TITTE  DELETE  1.1 TITLE  Change  Chang			
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 regristered 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 regrisagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNAT			
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 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, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 TITLE  SABEL, SANDRA M  SIREET ADDRESS CITY-ST-ZIP  LAKE WORTH FL 33461  1.4 CITY-ST-ZIP  TITLE  DELETE  1.1 TITLE  1.2 NAME  1.2 NAME  1.2 NAME  2.2 NAME  2.3 STREET ADDRESS CITY-ST-ZIP  TITLE  1.4 CITY-ST-ZIP  TITLE  1.5 TITLE	[		
SIGNATURE  Signature. Typied or printed name of registered agent and title if applicable.  12. OFFICERS AND DIRECTORS  TITLE  NAME  ISABEL, SANDRA M  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TO ELETE  31 TITLE  1 DELETE  32 NAME 33 STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  TO ELETE  34 CITY-ST-ZIP  TO ELETE  34 CITY-ST-ZIP  TO ELETE  35 STREET ADDRESS CITY-ST-ZIP  TO ELETE  36 CITY-ST-ZIP  TO ELETE  37 CITY-ST-ZIP  TO ELETE  38 CITY-ST-ZIP  TO ELETE  1.1 TITLE  1.2 Change  1.3 Change  TO ELETE  1.3 Change  TO ELETE  1.3 Change  TO ELETE  1.4 CITY-ST-ZIP  TO ELETE  1.5 TITLE  1.5 Change  TO ELETE  1.5 TITLE  1.6 Change  TO ELETE  1.7 TITLE  1.7 TITLE  1.7 TITLE  1.7 TITLE  1.8 Change  TO ELETE  1.7 TITLE  1.8 Change  TO ELETE  1.7 TITLE  1.8 Change  TO ELETE  1.7 TITLE  1	istored		
12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN  TITLE D SABEL, SANDRA M SIRRET ADDRESS A3435 LAKE WORTH RD. 1.2 NAME  NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME  STREET ADDRESS CITY-ST-ZIP  TITLE DELETE 2.1 TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE DELETE 2.3 STREET ADDRESS  CITY-ST-ZIP  TITLE DELETE 3.1 TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE DELETE 3.1 TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE DELETE 3.1 TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE 3.3 STREET ADDRESS  CITY-ST-ZIP  TITLE 3.3 STREET ADDRESS  CITY-ST-ZIP  TITLE 3.1 TITLE 3.3 STREET ADDRESS  CITY-ST-ZIP  TITLE 3.1 TITLE 3.	tered		
12. OFFICERS AND DIRECTORS  ITILE  D SABEL, SANDRA M SIREET ADDRESS CITY-ST-ZIP  IVILE NAME STREET ADDRESS			
ISABEL, SANDRA M  STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE  DELETE  1.2 NAME 2.1 TITLE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS CITY-ST-ZIP  TITLE 3.1 TITLE 3.2 NAME 3.2 NAME STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  TOTALE 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  TOTALE 3.3 STREET ADDRESS CITY-ST-ZIP			
SIREET ADDRESS CITY-ST-ZIP LAKE WORTH FL 33461  1.3 STREET ADDRESS 1.4 CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE DELETE 2.1 TITLE 2.2 NAME 2.2 NAME 2.3 STREET ADDRESS CITY-ST-ZIP  TITLE DELETE 3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  TREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  TREET ADDRESS CITY-ST-ZIP  TREET ADDRESS CITY-ST-ZIP  TREET ADDRESS CITY-ST-ZIP	Addition		
CITY-ST-ZIP			
DELETE   DELETE   Change   C			
NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.1 TITLE  NAME  STREET ADDRESS  GIY-ST-ZIP  3.2 NAME  3.2 NAME  3.3 STREET ADDRESS  CITY-ST-ZIP  3.4 CITY-ST-ZIP			
2.3 STREET ADDRESS   2.3 STREET ADDRESS   2.4 CITY - ST - ZIP	Addition		
2 4 CITY-ST-ZIP   2 4 CITY-ST-ZIP     Change			
TITLE         DELETE         3.1 TITLE         Change         Change           NAME         32 NAME           STREET ADDRESS         3.3 STREET ADDRESS           CITY-ST-ZIP         34. CITY-ST-ZIP			
NAME         32 NAME           STREET ADDRESS         3.3 STREET ADDRESS           CITY-ST-ZIP         3.4 CITY-ST-ZIP			
STREET ADDRESS  GITY-ST-ZIP  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP	Addition		
CITY-ST-ZIP 3.4 CITY-ST-ZIP			
The contract of the contract o	j		
I DELETE ■ CAMPE 1	4.4300		
TITLE DELETE 4.1 TITLE L Change L	Addition		
NAME 4.2 NAME	,		
STREET ADDRESS 4.3 STREET ADDRESS	j		
CITY-ST-ZIP 4.4 CITY-ST-ZIP	1.188		
TITLE DELETE 5.1 TITLE Change L	Addition		
NAME 5.2 NAME			
STREET ADDRESS 5.3 STREET ADDRESS			
CITY-ST-ZIP 5.4 CITY-ST-ZIP	Addition		
TITLE DELETE 6.1 TITLE Change L	Addition		
NAME 62 NAME	1		
STREET ADDRESS 6.3 STREET ADDRESS			
CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 15 CITY-ST-ZIP 15 CITY-ST-ZIP 16 CITY-ST-ZIP 16 CITY-ST-ZIP 17 CITY-ST-ZIP 17 CITY-ST-ZIP 18 CITY-S	1		

4. Thereby 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 chapter 607 or on an attachment with an address.

. R. Olas Harrison

0 - 00 51,011,000