

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S42956** (0)

1. Corporation Name
PALMETTO PARK ASSOCIATES, INC.



Principal Place of Business Mailing Address
ATTN: DIANE FARLEY, REALTY MANAGEMENT CO
P O BOX 11229
KNOXVILLE TN 37939

3. Date Incorporated or Qualified **04/01/1991** 3a. Date of Last Report **01/30/1995**
 4. FEI Number **59-3072339** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
 22. City & State 27. City & State
 23. Zip 28. Zip
 24. Country 25. Country 29. Country 30. Country

9. Name and Address of Current Registered Agent

LEVIN, LEONARD G.
8931 NORTH FLORIDA AVENUE
TAMPA FL 33604

10. Name and Address of New Registered Agent

81. Name **CLIFFORD L. WALTERS**
 82. Street Address (P.O. Box Number is Not Acceptable) **802 11TH ST. WEST**
 83. City **BRADENTON** FL 85. Zip Code **34205**

41. 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Clifford L. Walters*

4/24/96
 DATE

12. OFFICERS AND DIRECTORS

TITLE	DPS	<input checked="" type="checkbox"/> DELETE
NAME	LEVIN, LEONARD G	
STREET ADDRESS	8931 N FLORIDA AVE	
CITY - ST - ZIP	TAMPA FL	
TITLE	PST	<input checked="" type="checkbox"/> DELETE
NAME	LEVIN, LEONARD G.	
STREET ADDRESS	4475 SANDER DRIVE	
CITY - ST - ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	RICHARD LEVIN	
13. STREET ADDRESS	7646 N. LOCKWOOD RIDGE ROAD	
14. CITY - ST - ZIP	SARASOTA, FL 34243	
21. TITLE	V/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	SUZANNE LEVIN RICE	
23. STREET ADDRESS	1733 FLETCHER AVENUE	
24. CITY - ST - ZIP	TAMPA, FL 33612	
31. TITLE	V/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	STEVEN LEVIN	
33. STREET ADDRESS	P.O. BOX 93-6260	N/A
34. CITY - ST - ZIP	MARGATE, FL 33093-6260	
41. TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	JILL LEVIN	
43. STREET ADDRESS	P.O. BOX 11229	N/A
44. CITY - ST - ZIP	KNOXVILLE, TN 37939	
51. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS	100001873071	
54. CITY - ST - ZIP	-06/24/96--01031--036	
61. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	***500.00	
63. STREET ADDRESS	05-01-96 OR	
64. CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 of this report, or in an attachment with an address.

SIGNATURE: *Jill Levin* Treasurer 4/29/96
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Jill Levin Treasurer

CR2E034 (12/95)