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FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

ATTN: DIANE FARLEY, REALTY MANAGEMENT CO
P O BOX 11229
KNOXVILLE TN 37939

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/01/1991

4. FEI Number

59-3072339

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ 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

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

WALTERS, CLIFFORD L
802 11 ST WEST
TAMPA FL 33604

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
LEVIN, RICHARD
7646 N LOCKWOOD RIDGE RD
SARASOTA FL 34243

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
RICE, SUZANNE L
1733 FLETCHER AVE
TAMPA FL 33612

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
LEVIN, STEVEN
P.O. BOX 93-6260 N/A
MARGATE FL 33093

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
LEVIN, JILL
P.O. BOX 11229 N/A
KNOXVILLE FL 37939

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
PD
Levin, Richard
21301 Powerline Rd., Suite 312
BOCA RATON, FL 33433

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 have been or am 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 my address.

SIGNATURE:

[Signature]

Jill Levin Treasurer 3/4/98 122 504 4175

CR2E034 (10/97)