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FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S42956 (0)

1. Corporation Name
PALMETTO PARK ASSOCIATES, INC.



Principal Place of Business ATTN: DIANE FARLEY, REALTY MANAGEMENT CO P O BOX 11229 KNOXVILLE TN 37839	Mailing Address ATTN: DIANE FARLEY, REALTY MANAGEMENT CO P O BOX 11229 KNOXVILLE TN 37839
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/01/1991	
21 Suite, Apt. #, etc.	22 City & State	25 Suite, Apt. #, etc.	26 City & State	4. FEI Number 59-3072339	Applied For <input type="checkbox"/> Not Applicable
23 Zip	24 Country	27 Zip	28 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD LEVIN, RICHARD	1.1 TITLE	PD Levin, Richard
NAME	7646 N LOCKWOOD RIDGE RD	1.2 NAME	21301 POWERLINE Rd., Suite 312
STREET ADDRESS	SARASOTA FL 34243	1.3 STREET ADDRESS	BOCA RATON, FL 33433
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VSD RICE, SUZANNE L	2.1 TITLE	
NAME	1733 FLETCHER AVE	2.2 NAME	
STREET ADDRESS	TAMPA FL 33612	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VSD LEVIN, STEVEN	3.1 TITLE	
NAME	P.O. BOX 93-6260 N/A	3.2 NAME	
STREET ADDRESS	MARGATE FL 33093	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	T LEVIN, JILL	4.1 TITLE	
NAME	P.O. BOX 11229 N/A	4.2 NAME	
STREET ADDRESS	KNOXVILLE FL 37939	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 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, if a receiver, trustee or liquidator, 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 an address.

SIGNATURE: *[Signature]* **Jill Levin, Treasurer 31460 122 504 4175**

CF2E034 (10/97)