


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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90014 042 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S42956

1. Corporation Name
PALMETTO PARK ASSOCIATES, INC.



Principal Place of Business ATTN: DIANE FARLEY. REALTY MANAGEMENT CO P O BOX 11229 KNOXVILLE TN 37939	Mailing Address ATTN: DIANE FARLEY. REALTY MANAGEMENT CO P O BOX 11229 KNOXVILLE TN 37939
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 04/01/1991	4. FEI Number 59-3072339	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LEVIN, RICHARD	
STREET ADDRESS	21301 POWERLINE ROAD SUITE #312	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	RICE, SUZANNE L	
STREET ADDRESS	1733 FLETCHER AVE	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	LEVIN, STEVEN	
STREET ADDRESS	P.O. BOX 93-6260 N/A	
CITY-ST-ZIP	MARGATE FL 33093	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LEVIN, JILL	
STREET ADDRESS	P.O. BOX 11229 N/A	
CITY-ST-ZIP	KNOXVILLE FL 37939	
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Levin, Steven
3.3 STREET ADDRESS	21301 Powerline Road Suite 312
3.4 CITY-ST-ZIP	Boca Raton, FL 33433
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Levin, Jill
4.3 STREET ADDRESS	5410 Homberg Drive Suite A
4.4 CITY-ST-ZIP	Knoxville, TN 37919
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: [Signature] DATE: 4/15/99 DAYTIME PHONE #: (423) 584-4175

CR2E034 (11/98)