

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

FILED
May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V39600** (4)
1. Corporation Name
ROYAL PALM COMMUNITY DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
6226 FAIRWAY BAY GULFPORT FL 33707	6226 FAIRWAY BAY GULFPORT FL 33707-3974

3. Date Incorporated or Qualified 05/29/1992	3a. Date of Last Report 06/24/1996
4. FEI Number 59-3129060	Applied For <input type="checkbox"/> Not Applicable
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
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 1635D Royal Palm Dr. S. Suite, Apt. #, etc.	26 1635D Royal Palm Dr. S. Suite, Apt. #, etc.
22 City & State	27 City & State
23 GULFPORT, FLA Zip Country	28 GULFPORT, FLA Zip Country
24 33707	29 33707

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ARSENAULT, KENNETH G., JR. 10225 ULMERTON ROAD SUITE 2 LARGO FL 34641	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	MINKOFF, THOMAS	1.2 NAME	
STREET ADDRESS	6226 FAIRWAY BAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	GULFPORT FL 33707	1.4 CITY-ST-ZIP	
TITLE	VPOS	2.1 TITLE	
NAME	SMITH, EDWARD	2.2 NAME	
STREET ADDRESS	P. O. BOX 3832 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL 34642	2.4 CITY-ST-ZIP	
TITLE	AS	3.1 TITLE	
NAME	ARSENAULT, KENNETH G JR	3.2 NAME	
STREET ADDRESS	10225 ULMERTON ROAD, SUITE 2	3.3 STREET ADDRESS	
CITY-ST-ZIP	GULFPORT FL 34641	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		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 do 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.

SIGNATURE  SIGNATURE REQUIRED
SIGNED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
4/28/97 812-448-2300
Date Daytime Phone #