


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000001603 (9)
 1. Corporation Name
ABERDEEN COMMERCIAL CENTER ASSOCIATION, INC.



Principal Place of Business 1500 CORPORATE WAY #104 WELLINGTON FL 33414	Mailing Address 1500 CORPORATE WAY #104 WELLINGTON FL 33414
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3. Date Incorporated or Qualified 03/30/1994	4. FEI Number 65-0769175	Applied For <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. Box 19488
22 City & State	27 Suite, Apt. #, etc.
23 City & State	28 WEST PALM BEACH, FL.
24 Zip	29 33416-9488
25 Country	30 PALM BEACH

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
PARAMOUNT REAL ESTATE SERVICES, INC.
1500 CORPORATE CENTER WAY
SUITE 104
WELLINGTON FL 33414

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 617.0502 and 617.1508, 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 617.0503, 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 <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YUNES, HANK	1.2 NAME	
STREET ADDRESS	1500 CORPORATE CENTER WAY., #104	1.3 STREET ADDRESS	1630 S. CONGRESS AVE, SUITE 300
CITY-ST-ZIP	WELLINGTON FL 33414	1.4 CITY-ST-ZIP	PALMS SPRINGS, FL. 33437
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SATTER, JONATHAN	2.2 NAME	
STREET ADDRESS	1500 CORPORATE CENTER WAY., 3104	2.3 STREET ADDRESS	1630 S. CONGRESS AVE., SUITE 300
CITY-ST-ZIP	WELLINGTON FL 33414	2.4 CITY-ST-ZIP	PALM SPRINGS, FL. 33437
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DISALVO, PATRICK J	3.2 NAME	
STREET ADDRESS	1200 CORPORATE CENTER WAY., #100	3.3 STREET ADDRESS	3801 PGA Blvd, Suite 1000
CITY-ST-ZIP	WELLINGTON FL 33414	3.4 CITY-ST-ZIP	Palm beach Gardens, FL 33410
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **561-691-9900**

CR2E037 (10/97)