

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

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

99 FEB 10 PM 3:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

**DOCUMENT # J74522**  
1. Corporation Name  
**PARKWAY PARKING OF FLORIDA, INC.**

Principal Place of Business <b>% PARKWAY CORPORATION 150 NORTH BROAD STREET PHILADELPHIA PA 19102-1424</b>	Mailing Address <b>% PARKWAY CORPORATION 150 NORTH BROAD STREET PHILADELPHIA PA 19102-1424</b>
---	---

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30
--	---

3. Date Incorporated or Qualified <b>05/27/1987</b>	4. FEI Number <b>58-1735519</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

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.  
**Karen B. Rozar, Asst. Sec.**  
Signature: *Karen B. Rozar* Corporation Service Company DATE: **2/10/99**

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	<b>ZURITSKY, JOSEPH S.</b>	
STREET ADDRESS	<b>150 NORTH BROAD STREET</b>	
CITY-ST-ZIP	<b>PHILADELPHIA PA 19102</b>	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	<b>WINGRAD, ETTA</b>	
STREET ADDRESS	<b>150 NORTH BROAD STREET</b>	
CITY-ST-ZIP	<b>PHILADELPHIA PA 19102</b>	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	<b>ZURITSKY, ROBERT</b>	
STREET ADDRESS	<b>150 NORTH BROAD STREET</b>	
CITY-ST-ZIP	<b>PHILADELPHIA PA</b>	
TITLE	VPFO	<input type="checkbox"/> DELETE
NAME	<b>CAROMANO, DIANA</b>	
STREET ADDRESS	<b>150 N BROAD STREET</b>	
CITY-ST-ZIP	<b>PHILADELPHIA PA 19102</b>	
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	<b>400002771774--9</b>
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* 2/9/99 Date: 215-569-8400 Daytime Phone # *AD*

0944927

CR2E034 (11/98)