

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 APR -7 AM 9:14

DOCUMENT # **N40467** (5)

1. Corporation Name  
**PARK PLACE GROUP, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**6075-B PARK BLVD. PINELLAS PARK FL 34665**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/18/1990** 3a. Date of Last Report **05/11/1994**

4. FEI Number **59-3037151** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

5. Certificate of Status Desired  **\$0.75 Additional Fee Required**

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

22 City & State 27 City & State

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHKRIEFER, GEORGE J.  
6075B PARK BLVD.  
PINELLAS PARK FL 34665**

01 Name  
02 Street Address (P.O. Box Number is Not Acceptable)  
03  
04 City **700001451987**  
**-04/10/95-010-01-0000**  
**\*\*\*120.00\*\*\*120.00**

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 reissuing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DP</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HACKSTAFF, GORDON</b>	1.2 NAME	
STREET ADDRESS	<b>19135 U.S. HWY 19N #1-20</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CLEARWATER FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRANDI, GORDON P.</b>	2.2 NAME	
STREET ADDRESS	<b>404 3RD AVE. NE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CLEARWATER FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>DST</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZOLLO, DOROTHY L.</b>	3.2 NAME	
STREET ADDRESS	<b>4441 85TH TERRACE NORTH</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PINELLAS PARK FL</b>	3.4 CITY - ST - ZIP	
TITLE		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		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		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Dorothy Zollo* *Secretary* *4/5/95* *913-544-3190*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Optional Filing Fee)