FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N40467

(5)

PARK PLACE GROUP, INC.

Principal Place of Business Mailing Address					L BODINIST BIT DIENI ADNI BISIO ONAL AODI SION STOLI STOLI SION DIDIT SION DIDIT IODI		
6075-B PARK BLVD. PINELLAS PARK FL 34665		6075-B PARK BLVD. PINELLAS PARK FL 33781-3232					
					3. Date Incorporated or Qualified 10/18/1990	3a. Date of La 05/01	ist Report /1996
2. Principal Place of Business		2a. Mailing Address			4. FEI Number 59-3037151		Applied For
21		26			39-3037 13 1		Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired		75 Additlonal e Required	
City & Stat	е	City & State			6. Election Campaign Financing		.00 May Be
23 Zip	Country	28	Countr		Trust Fund Contribution		ded to Fees
24	25 29			8. This corporation has fiability for intangible tax under s. 199 Florida Statutes Yes No		ler s. 199.032,	
	9. Name and Address of Curren				10. Name and Address of New Re		
			81	Name			
SHCRIEFER, GEORGE J.				82 Street Address (P.O. Box Number is Not Acceptable)			
	'ARK BLVD. Is park fl 34665		83	1			
PINCLLA	13 PANN FL 34003						
			84	City		FL 85	Zip Code
11. Pursuant office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State am familiar with, and accept the obliga	2 and 617.1508, Florida Statute of Florida. Such change was a stions of Section 617.0503, Florida Statute of Section 617.0503.	es, the about	re-named cor by the corpora	poration submits this statement for the pation's board of directors. I hereby accept	urpose of changi t the appointmen	ng its registered it as registered
SIGNATURE							
	Signature, typed or printed name of registered age			gent signature requ	uired when reinstating)	DATE	7000 11 10
12. Title	OFFICERS AND	DELETE DELETE	13. 1.1 TITLE	·····	ADDITIONS/CHANGES TO OFFIC	Cha	
NAME	HACKSTAFF, GORDON	LJ Deteri	1.2 NAME		•	<u></u>	ngo naomon
STREET ADDRESS	19135 U.S. HWY 19N #I-20			1 ADDRESS			
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY	1			
TITLE	D	☐ DELETE	2.1 TITLE			☐ Cha	nge Addition
NAME	GRANDI, GORDON P.		2.2 NAME				
STREET ADDRESS	404 3RD AVE. NE		2.3 STRE	ET ADDRESS			
CITY-SI-ZIP	CLEARWATER FL	TT DELETE	2. 4 CITY			[] cho	nge Addition
TITLE	DST ZOLLO, DOROTHY L.	□ DECEIE	3.1 TITLE			☐ Cha	inge 🗀 Moniton
NAME STREET ADDRESS	4441 85TH TERRACE NORTH		3.2 NAME	ET ADDRESS			
CITY-ST-ZIP	PINELLAS PARK FL		3.4. CITY				
TIFLE		☐ DELETE	4.1 TITLE			Cha	nge Addition
NAME			4. 2 NAM	E			
STREET ADDRESS			4.3 STRE	ET ADDRESS			
CITY-ST-ZIP			4.4 CfTY-	ST-ZIP		·····	
TITLE		☐ DELETE	51 TITLE			☐ Cha	nge L Addition
NAME			5.2 NAME				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP		☐ DELETE	5.4 CITY			☐ Cha	nge Addition
TITLE			6.1 TITLE 6.2 NAMI	1		L_J V0a	inde Till venningir
NAME STREET ADDRESS				ET ADORESS			
CITY-ST-ZIP			6.4 CITY				
14. I do here	by certify that the information supplied	d with this filing does not qualif	y for the ex	emption state	ed in Section 119.07(3)(i), Florida Statute	s. I further certify	that the
I am an c	on indicated on this annual report or s officer or director of the corporation or in Block 12 or Block 13 if changed, or	the receiver or trustee empow	ered to exe	curate and the ecute this rep	at my signature shall have the same lega ort as required by Chapter 617, Florida S	il effect as if mad statutes; and that	e under oath; that my name

SIGNATURE: _

CHATURE AND TYPES OR PROSES ON AME OF BIGNING OFFICER OR DIRECTOR

Zollo apily

Daytime Phone # 0052143

FILED

Mar 03 1997 8:00am

Secretary of State