

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P93000079750 (4)**

1. Corporation Name

**PARK PLACE LAND, INC.**



Principal Place of Business

Mailing Address

**2121 PONCE DE LEON BLVD.  
PENTHOUSE SUITE  
CORAL GABLES FL 33134**

**2121 PONCE DE LEON BLVD.  
PENTHOUSE II  
CORAL GABLES FL 33134  
US**

3. Date Incorporated or Qualified  
**11/18/1993**

3a. Date of Last Report  
**05/01/1995**

4. FEI Number  
**65-0449720**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOGGIO, LLOYD J  
2121 PONCE DE LEON BLVD.  
PENTHOUSE II  
CORAL GABLES FL 33134**

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.

SIGNATURE

*[Handwritten Signature]*

(Print) Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
NAME **D**  
STREET ADDRESS **MARCUS, STEWART**  
CITY-ST-ZIP **2121 PONCE DE LEON BLVD., PENTHOUSE SUITE  
CORAL GABLES FL 33134**

11 TITLE  Change  Addition

TITLE  DELETE  
NAME **D**  
STREET ADDRESS **BOGGIO, LLOYD J**  
CITY-ST-ZIP **2121 PONCE DE LEON BLVD., PENTHOUSE SUITE  
CORAL GABLES FL 33134**

12 NAME  Change  Addition

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13 STREET ADDRESS  Change  Addition

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

14 CITY-ST-ZIP  Change  Addition

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

15 CITY-ST-ZIP  Change  Addition

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

16 CITY-ST-ZIP  Change  Addition

**800001756878  
-03/26/96--01032--006  
\*\*\*200.00**

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Handwritten Signature]*

(Print) Name of Signing Officer or Director

**Lloyd J. Boggio 3/5/96 (354) 8188**

(Print) Phone #

CR2E034 (12/95)

*[Handwritten initials]*