## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9300079750 (4) PARK PLACE LAND, INC.

**FILED** 

Aug 15 1997 8:00am

Secretary of State

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	

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2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

3. Date Incorporated or Qualified 3a. Date of Last Report 11/18/1993 03/25/1996 Applied For <u>65-0449720</u> Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Regulred \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 10. Name and Address of New Registered Agent

DO NOT WRITE IN THIS SPACE

9. Name and Address of Current Registered Agent BOGGIO, ILOYD J 2121 PONCE DE LEON BLVD. PENTHOUSE II CORAL GABLES FL 33134

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Country

81	Name		
82	Street Address (P.O. Box Number is Not Acceptable)		
83			······
84	City	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.

Country

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	g					
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE:	Registered Agent signature ro	iquired when reinstating) DATE			
12.	OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	D DELETE	1.1 TITLE	Change Addition			
NAME :	MARCUS, STEWART	1.2 NAME				
STREET ADDRESS	2121 PONCE DE LEON BLVD., PENTHOUSE SUITE	1.3 STREET ADDRESS				
CITY-ST-ZIP	CORAL GABLES FL 33134	1.4 CITY- ST-ZIP				
TITLE	D DELETE	2.1 TITLE	☐ Change ☐ Addition			
NAME	BOGGIO, LLOYD J	2.2 NAME				
STREET ADDRESS	2121 PONCE DE LEON BLVD., PENTHOUSE SUITE	2.3 STREET ADDRESS				
CITY-ST-ZIP	CORAL GABLES FL 33134	2.4 CITY-ST-ZIP				
TITLE	DELETE	3.1 THILE	Change Addition			
NAME		3.2 NAME				
STREET ADDRESS		3.3 STREET ADDRESS				
CITY-ST-ZIP		3.4. City-ST-ZIP				
TITLE	DELETE	4.1 THILE	☐ Change ☐ Addition			
NAME	•	4. 2 NAME				
STREET ADDRESS		4.3 STREET ADDRESS				
CITY-ST-ZIP		4.4 CITY-ST-ZIP				
TITLE	DELETE	5.1 TITLE	Change Addition			
NAME		5.2 NAME				
STREET ADDRESS		5.3 STREET ADDRESS				
CITY-ST-ZIP		5.4 CITY-ST-ZIP				
TITLE	DELETE	6.1 TITLE	Change			
NAME		6.2 NAME				
STREET ADDRESS		6.3 STREET ADDRESS	•			
CITY-ST-ZIP		6.4 CITY-S1-ZIP				

14. I do 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 moort or appliamental algorithms from the 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 of the receiver of trustee impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed or or on an attactment with an address.

1 adoless.