

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

**FILED**  
**May 19 1997 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra D. Northcutt</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000023443 (2)**  
 1. Corporation Name  
**PARKER-RALEIGH DEVELOPMENT XXIV, INC.**



Principal Place of Business <b>201 N. FRANKLIN ST. SUITE 2100 TAMPA FL 33602</b>	Mailing Address <b>201 N. FRANKLIN ST. SUITE 2100 TAMPA FL 33602-5813</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/25/1994</b>	3a. Date of Last Report <b>03/13/1996</b>
21	26	4. FEI Number <b>59-3239439</b>		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>EDWARDS, JOSEPH D</b> <b>201 N. FRANKLIN ST.</b> <b>SUITE 2100</b> <b>TAMPA FL 33602</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PSD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	GLICK, ADAM		1.2 NAME				
STREET ADDRESS	118 W. 57TH ST.		1.3 STREET ADDRESS				
CITY-ST-ZIP	NEW YORK NY		1.4 CITY-ST-ZIP				
TITLE	VT	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	PARKER, JACK		2.2 NAME				
STREET ADDRESS	118 W 57TH STREET		2.3 STREET ADDRESS				
CITY-ST-ZIP	NY NY		2.4 CITY-ST-ZIP				
TITLE	VAS	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MITCHELL, STEPHEN J.		3.2 NAME				
STREET ADDRESS	201 N FRANKLIN STREET SUITE 2100		3.3 STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP				
TITLE	VAS	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BRADY, DAVID		4.2 NAME				
STREET ADDRESS	5500-103 ATLANTIC SPRINGS RD		4.3 STREET ADDRESS				
CITY-ST-ZIP	RALEIGH NC		4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	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		<input type="checkbox"/> DELETE	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 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 as an attachment with an address.

SIGNATURE *[Signature]* **Stephen J. Mitchell** **5 2 07** **8 13 200 2301**

CP2E034 (9/96)