

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90203 032 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # S31546

1. Corporation Name
PARKER-LINCOLN COMMERCIAL REALTY, INC.



Principal Place of Business 201 N. FRANKLIN STREET SUITE 2100 TAMPA FL 33602	Mailing Address 201 N. FRANKLIN STREET SUITE 2100 TAMPA FL 33602
---	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/13/1991	
4. FEI Number 59-3050029	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
---	--

9. Name and Address of Current Registered Agent
MITCHELL, STEPHEN J.
201 N. FRANKLIN STREET, SUITE 2100
SUITE 2100
TAMPA FL 33602

10. Name and Address of New Registered Agent
 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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	VPT	
NAME	PARKER, JACK	
STREET ADDRESS	118 W. 57TH STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	PSD	
NAME	GLICK, ADAM	
STREET ADDRESS	118 W. 57TH STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VAS	
NAME	MITCHELL, STEPHEN J.	
STREET ADDRESS	201 N FRANKLIN ST #2100	
CITY-ST-ZIP	TAMPA FL	
TITLE	V	
NAME	BRADY, DAVID	
STREET ADDRESS	5500-103 ATLANTIC SPRINGS RD	
CITY-ST-ZIP	RALEIGH NC	
TITLE	V	
NAME	URBEN, DAVID A.	
STREET ADDRESS	5500-103 ATLANTIC SPRINGS RD.	
CITY-ST-ZIP	RALEIGH NC	
TITLE	AVP	
NAME	GORDON, JULIUS	
STREET ADDRESS	118 W. 57TH STREET	
CITY-ST-ZIP	NEW YORK NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
11 TITLE			
12 NAME			
13 STREET ADDRESS			
14 CITY-ST-ZIP			
21 TITLE			
22 NAME			
23 STREET ADDRESS			
24 CITY-ST-ZIP			
31 TITLE			
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE			
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE			
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE			
62 NAME			
63 STREET ADDRESS			
64 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(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 on an attachment with an address, with a letter like empowered.

SIGNATURE: Julius Gordon Date: 4/26/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)