

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J85217 (4)

1. Corporation Name

PARK LANE ASSOCIATES, INC

Principal Place of Business

405 ESPANOLA WAY
APT. 306
MIAMI BEACH, FL 33139

Mailing Address

P.O. BOX 191156
MIAMI BEACH, FL
33119-1156

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

07/24/1987

3a. Date of Last Report

07/13/95

4. FEI Number

59-2826508

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$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

XX Yes □ No

9. Name and Address of Current Registered Agent

JOUGHIN, LESLIE E, III
201 EAST KENNEDY BLVD
SUITE 800
TAMPA, FL 33602

10. Name and Address of New Registered Agent

81 Name

JAMES R. McLEAN

82 Street Address (P.O. Box Number is Not Acceptable)

405 ESPANOLA WAY, APT 306

83

84 City

MIAMI BEACH

FL

85 Zip Code
33139

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 typed or printed name of registered agent and title if applicable.

JAMES R. McLEAN, President

MAY 16, 1996

(NOTE: Registered Agent signature removed when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PD
NAME JAMES R. McLEAN
STREET ADDRESS 1300 COLLINS AVE. APT 402
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME VICTORIA E. THORNHILL
STREET ADDRESS 6701 S.W. 116 COURT, APT 403
CITY-ST-ZIP MIAMI, FL 33173

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES R. McLEAN

5/16/96

(305) 538-5388

Date Daytime Phone #

CR2E034 (12/95)