

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

**FILED**  
**Apr 27 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # J85217 (4)**  
 1. Corporation Name  
**PARK LANE ASSOCIATES, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified	
6301 COLLINS AVE. #1203 MIAMI BEACH FL 33141 US		P.O. BOX 191156 MIAMI BEACH FL 33119-1156 US		07/24/1987	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For		
21	26	59-2826508	Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired		<b>\$8.75 Additional Fee Required</b>	
22	27	<input checked="" type="checkbox"/>			
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution		<b>\$5.00 May Be Added to Fees</b>	
23	28	<input type="checkbox"/>			
Zip	Country	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		


9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MCLEAN, JAMES R 6301 COLLINS AVE. APT. 6301 MIAMI BEACH FL 33141				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLEAN, JAMES R.	1.2 NAME	
STREET ADDRESS	6301 COLLINS AVE., APT. 1203	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33141	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THORNHILL, VICTORIA E	2.2 NAME	
STREET ADDRESS	6701 S.W. 115 COURT, APT. 403	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33173	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	DIRECTOR/SECRETARY
STREET ADDRESS		3.3 STREET ADDRESS	CLARA I. McLEAN
CITY-ST-ZIP		3.4 CITY-ST-ZIP	6301 COLLINS AVENUE, APT 1203
TITLE		4.1 TITLE	MIAMI BEACH, FL 33141
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		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		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 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 on an attachment with an address.

SIGNATURE:  JAMES R. McLEAN 4/29/98 (305) 867-8886

CR2E034 (10/97)