Applied For Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 212862

Country

1. Corporation Name

Suite, Apt. #, etc.

City & State

23

Zip

PLAZA LANES INC

Mailing Address
6825 ARLINGTON EXPRESSWAY JACKSONVILLE FL 32211
2a. Mailing Address

28

Zip

Suite, Apt. #, etc.

City & State

Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90054 022 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

Trust Fund Contribution

06/10/1958 4. FEI Number

59-0838801

10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 12. Name and Address of New Registered Agent 13. Name and Address of	24	25		29	30			Personal Prope	erty Tax.	Yes [□No		
HOWELT_MELISA7 6825 ARUNGTON EXPRESSWAY JACKSONVILLE FL 32216 84 City		9. Name and A	Address of Current I	Registered Age	ent			10. Name and Ad	dress of New Rec	gistered Agent			
JACKSONVILLE FL 32216 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 agent, and accept the obligations—of Section 807.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and accept the obligations—of Section 807.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations—of Section 807.0502 and 607.1508, Florida Statutes. SIGNATURE SIGNATURE Systatus, typed or pring name of registered agent and tile if Exercises Apont signature required when receiving when receiving when receiving the appointment as registered agent, and accept the obligations—of Section 807.051.09 agent. I am familiar with, name of registered agent, and allow the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligation of Sections 507.051.09 agent and accept the obligation of Sections 507.051.00 agent and accept the obligation of Sections 507.051.00 agent and accept the obligation of Sec	<u>HOW</u>	ÆLL, MELISSA-						MARTHA	G. E	<u>PWARDS</u>			
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florids Statutes, the above-named corporation submits this satterent for the purpose of changing its registered office or registered agent, and state of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, and accept the obligations of Section 607.0505, Florids Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 11. TITLE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. CITY ST-ZP JACKSONVILLE FL. 13. TITLE V CARNOS STREET ADDRESS OTV-ST-ZP JACKSONVILLE FL. 14. CITY-ST-ZP JACKSONVILLE FL. 22. NAME 31. STREET ADDRESS OTV-ST-ZP JACKSONVILLE FL. 22. NAME 32. STREET ADDRESS OTV-ST-ZP JACKSONVILLE FL. 22. NAME 33. STREET ADDRESS OTV-ST-ZP JACKSONVILLE FL. 22. NAME 34. CITY-ST-ZP JACKSONVILLE FL. 3. TITLE Change Addition NAME STREET ADDRESS OTV-ST-ZP JACKSONVILLE FL. 3. TITLE Change Addition NAME STREET ADDRESS OTV-ST-ZP JACKSONVILLE FL. 3. TITLE Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. CITY-ST-ZP JACKSONVILLE FL. 3. TITLE CHANGE ADDRESS OTV-ST-ZP JACKSONVILLE FL. 3. TITLE CHANGE ADDRESS ACITY-ST-ZP AC	JACKSONVILLE FL 32216							<u> </u>					
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Country

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 suppliemental 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 an an adactment with an address, with all other like empowered.

SIGNATURE: