FILE NOW: FILING FEE IS $61.25

FILED
Apr 21, 1999 8:00 am
Secretary of State
04-21-1999 90072 014 ****61.25

000619900

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 761802

1. Corporation Name
PARK EAST OF PINELLAS PARK, INC.

Principal Place of Business	Mailing Address
5117 70TH PLACE N. PINELLAS PARK FL 33781 US	5369 PARK BLVD. PINELLAS PARK FL 33781 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 02/09/1982
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2445190 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

FRED H HALE
5369 PARK BLVD
PINELLAS PARK FL 33781

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 617.0502 and 617.1508, 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 617.0503, 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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P/D	☒ DELETE	1.1 TITLE	P/D	☐ Change ☒ Addition
NAME	VALDEZ, DEENA MRS.		1.2 NAME	Kimberly J. Clyde	
STREET ADDRESS	5115 70TH PLACE NORTH		1.3 STREET ADDRESS	5062 70th Place N.	
CITY-ST-ZIP	PINELLAS PARK FL 34665		1.4 CITY-ST-ZIP	Pinellas Park, FL 33781	
TITLE	VPD	☒ DELETE	2.1 TITLE	VPD	☐ Change ☒ Addition
NAME	DELISLE, DELORES H.		2.2 NAME	Don C. Adams	
STREET ADDRESS	5032 70TH PLACE WORTH		2.3 STREET ADDRESS	5132 70th Place N.	
CITY-ST-ZIP	PINELLAS PARK FL		2.4 CITY-ST-ZIP	Pinellas Park FL 33781	
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ZOLLO, DOROTHY		3.2 NAME		
STREET ADDRESS	5135 70TH PLACE NORTH		3.3 STREET ADDRESS		
CITY-ST-ZIP	PINELLAS PARK FL		3.4 CITY-ST-ZIP		
TITLE	VPD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	D'ALCAMO, SAL		4.2 NAME		
STREET ADDRESS	5017 70TH PLACE NORTH		4.3 STREET ADDRESS		
CITY-ST-ZIP	PINELLAS PARK FL		4.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	5.1 TITLE	TD	☐ Change ☒ Addition
NAME	CHERYL EWING		5.2 NAME	Guido Amoroso	
STREET ADDRESS	5102 70TH PL N		5.3 STREET ADDRESS	5015 70th Place N.	
CITY-ST-ZIP	PINELLAS PARK FL 33781		5.4 CITY-ST-ZIP	Pinellas Park FL 33781	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kim Clyde SIGNATURE REQUIRED — 4/14/99 — (727) 541-7977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (1/1/98)