

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 08, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # F00000001585

1. Entity Name  
PARK LANE MANAGEMENT CORP.



Principal Place of Business  
C/O AMERICAN RIVER LOGISTICS, LTD.  
614 PROGRESS STREET  
ELIZABETH, NJ 07203

Mailing Address  
C/O AMERICAN RIVER LOGISTICS, LTD.  
614 PROGRESS STREET  
ELIZABETH, NJ 07203



07292004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
11-3277581

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

KEENAN, RANDI  
4103 SPRING GROVE ROAD  
JACKSONVILLE, FL 32209

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PC  
AGLIARDI, FRANK  
1229 OLD WALT WHITMAN ROAD  
MELVILLE, NY 11747

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VV  
FORTE, RICHARD  
614 PROGRESS STREET  
ELIZABETH, NJ 07203

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
KEENAN, RANDI  
6801 WEST 12TH STREET  
JACKSONVILLE, FL 32254

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
GULLOTTA, JOSEPH  
1229 OLD WALT WHITMAN ROAD  
MELVILLE, NY 11747

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000171823  
09/08/04-80007-008 158.75

**DO NOT WRITE  
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 1 changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE: *Joseph Gullotta*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/29/04

Date

Daytime Phone #