

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

FILED

Apr 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F73620 (9)
1. Corporation Name
PARKLEIGH APARTMENT CORPORATION

Principal Place of Business
8701 S.W. 137TH AVENUE
#300
MIAMI FL 33183

Mailing Address
8701 S.W. 137TH AVENUE
#300
MIAMI FL 33183-4498



2. Principal Place of Business 21 11880 Bird Road Suite, Apt. #, etc. 22 #201 City & State 23 Miami, FL Zip 24 33175		2a. Mailing Address 26 11880 Bird Road Suite, Apt. #, etc. 27 #201 City & State 28 Miami, FL Zip 29 33175		3. Date Incorporated or Qualified 03/25/1982		3a. Date of Last Report 05/01/1996	
				4. FEI Number 59-2279079		Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent MUDD, JOHN 8701 S.W. 137TH AVENUE #300 MIAMI FL 33183				10. Name and Address of New Registered Agent 81 Name John Mudd 82 Street Address (P.O. Box Number is Not Acceptable) 11880 Bird Road 83 #201 84 City Miami FL 85 Zip Code 33175			
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11. Pursuant to the provisions of Sections 607.1502 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 John Mudd DATE _____
(Signature, typed or printed name of registered agent, and this if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VPD	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCHAEFER, PAUL			1.2 NAME			
STREET ADDRESS	8701 S.W. 137TH AVENUE, #300			1.3 STREET ADDRESS	11880 Bird Road, #201		
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP	Miami, FL 33175		
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MUDD, JOHN			2.2 NAME			
STREET ADDRESS	8701 S.W. 137TH AVENUE, #300			2.3 STREET ADDRESS	11880 Bird Road, #201		
CITY-ST-ZIP	MIAMI FL			2.4 CITY-ST-ZIP	Miami, FL 33175		
TITLE	STD	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WIENER, A. B.			3.2 NAME			
STREET ADDRESS	8701 S.W. 137TH AVENUE, #300			3.3 STREET ADDRESS	11880 Bird Road, #201		
CITY-ST-ZIP	MIAMI FL			3.4 CITY-ST-ZIP	Miami, FL 33175		
TITLE	AS	<input type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MIRANDA, ELDA			4.2 NAME			
STREET ADDRESS	8701 SW 137TH AVE, #300			4.3 STREET ADDRESS	11880 Bird Road, #201		
CITY-ST-ZIP	MIAMI FL			4.4 CITY-ST-ZIP	Miami, FL 33175		
TITLE		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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 do 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 John Mudd

305-229-3949

CR2E034 (9/96)