

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



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

1999

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FILED

99 DEC 14 AM 9:42

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 1. Corporation Name
 Park Place Interiors, Inc
 1608 SW Harbour Isles Cir
 Pt. St. Lucie, Fl. 34986

Principal Place of Business (Same)
 Mailing Address (Same)

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified 10/3/83

21	2. Principal Place of Business 1608 SW Harbour Isles Cir	22	2a. Mailing Address Same	4.	FEI Number 59-2328095	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5.	Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State P.S. Lucie, Fl.	27	City & State	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip 34986	28	Country	7.	This corporation owes the current year intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent Jerome J. Shingary 1608 SW Harbour Isles Cir Pt. St. Lucie, Fl. 34986				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code

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: _____ 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	President	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jerome J. Shingary	1.2 NAME	
STREET ADDRESS	1608 SW Harbour Isles Cir	1.3 STREET ADDRESS	300003078563--5
CITY-ST-ZIP	Pt. St. Lucie, Fl. 34986	1.4 CITY-ST-ZIP	-12/22/99--01092--007
TITLE	Vice President	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sherry L. Shingary	2.2 NAME	150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1608 SW Harbour Isles Cir	2.3 STREET ADDRESS	
CITY-ST-ZIP	Pt. St. Lucie, Fl. 34986	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Sherry Shingary SHERRY SHINGARY 12/16/99 (561) 464-1996
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (5/99)

Park Place Interiors, Inc.
1608 SW Harbour Isles Cir
Pt. St Lucie, Fl. 34986

Nov 15, 1999.

Divisions of Corporations
Florida Dept. of Revenue
409 East Gaines Street
Tallahassee, Fl. 32399.

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I am enclosing our 1999 Annual Report for Park Place Interiors, Inc. We did not receive the original reports as the wrong address was listed. After calling your office we discovered that the originals were returned to your office. Your office asked us to fill out and return the form they just sent us along with our check for \$150.00. Thank you in your help in correcting this cancellation of our corporation.

Sincerely,
Sheny Shugarej

FEI # 59-2328095

Phone (561) 343-8511
Fax (561) 460-9550