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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT # G74640**

## FILED Apr 19, 1999 8:00 am Secretary of State 04-19-1999 90037 004 \*\*\*150.00

1. Corporation	•	- 1110								
PAHKS /	and parks real estat	E, INC.					·		(181) <b>616</b>	11 <b>61 6</b> 14 1 <b>6 6</b> 3
District Oler	a of Divisional	8.4	ailing Address				-			(  <b>               </b>
Principal Place			ū							
5045 EL CLARO DRIVE N WEST PALM BEACH FL 33415 WEST PALM BEACH FL 33415 WEST PALM BEACH FL 33415										
77207 77720 01							DO NOT WRITE IN THIS	SPACE		
							3. Date Incorporated or Qualifed			
4			· ·				10/28/1983	<del></del>	<del></del>	
	Place of Business		, Mailing Address				4, FEI Number	-	<del> </del>	led For
21	4 -4-	26	Suite, Apt. #, etc.	-			59-2345403	\$ R 7		Applicable ditional
Suite, Apt.	#, etc.		27				5. Certifcate of Status Desired	<b>~</b>		uired → = =
City & Stat	te	21	City & State				6. Election Campaign Financing	\$5.	00 м	av Be
23		28	•				Trust Fund Contribution	• -	ded to	1
Zip	Country		Zip	Сои	ntry		8. This corporation owes the current year into	angible		
24	25	29		30			Personal Property Tax.	Yes		No
	9. Name and Address of Curr	ent Regis	stered Agent		241		10. Name and Address of New Registered	Agent		
DAD	IKS, GORDON L.				81	Name				
	5 EL CLARO DR., N.				82	Street Addre	ss (P.O. Box Number is Not Acceptable)			
	ST PALM BCH. FL 33415				83					
*****	or train both to do the				03		*			
					84	City	FL	85	Zip Co	de
44 Durewont	to the provisions of Sections 607.0	502 and 6	S07 1508 Florida Statut	es the a	bove	e-named como	sation submite this statement for the nurness of	changin	g its re	gistered
office or r	registered agent or both in the Sta	e of Flori	da. Such change was a	utnonzec	יעם נ	the corporation	's board of directors. I hereby accept the appoin	ntment a	s regi	stered
	am familiar with, and accept the obli	gations of	r, Section 607.0505, Flo	nua Stati	utes	•				ļ
SIGNATURE	Signature, typed or printed name of registered a	gent and title	if applicable. (NOTE	Registered	Agen	t signature required	when reinstating) DATE			
12.	OFFICERS A	AND DIRE		13.			ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	PVD		☐ DELETE	1.1 TII	ΠE			Cha	nge	Addition
NAME	PARKS, JUDY E.			1.2 NA			,			
STREET ADDRESS			•			ADDRESS	·			
CITY-ST-ZIP	WEST PALM BEACH FL		Предсте	1.4 CI		T-ZIP			nge	Addition
TITLE	ST DARKS CORDON I		☐ DELETE	2.1 TT	ILE:			Cha		7,000,001
NAME	PARKS, GORDON L. 5045 EL CLARO DR NORTH				B 47"			Cha	•	
STREET ADDRESS	DUAD EL CLANO DE NOMIN			2.2 NA		TADDDE CO		Cha	•	
CITY-ST-ZIP TITLE	WEST DAIM REACH FI	J	المرسان سادا	2.3 ST	REET	ADDRESS	and the second of the second o	Cha		.,-
	WEST PALM BEACH FL	J. J	□ DELETE		REET	* • •		☐ Cha	nge	Addition
	WEST PALM BEACH FL		☐ DELETE	2.3 ST 2.4 C	TREET TITY-S	* • •			nge	Addition
NAME		نيد	☐ DELETE	2.3 ST 2.4 C 3.1 TT 3.2 N/	TREET TILE AME	* • •			nge	Addition
			DELETE	2.3 ST 2.4 C 3.1 TT 3.2 N/	TREET THE AME	T-ZIP		Cha	-	
NAME STREET ADDRESS			☐ DELETE	2.3 ST 2.4 C 3.1 π 3.2 N/ 3.3 ST	TREET THE AME TREET	T-ZIP			-	Addition Addition
NAME STREET ADDRESS C/TY-ST-ZIP				2.3 ST 2.4 C 3.1 TT 3.2 N∕ 3.3 ST 3.4. C	TREET THE AME TREET TTY-S THE	T-ZIP	· · · · · · · · · · · · · · · · · · ·	Cha	-	
NAME STREET ADDRESS CITY-ST-ZIP TITLE		 		2.3 ST 2.4 C 3.1 TT 3.2 N/ 3.3 ST 3.4 C 4.1 TT 4.2 N	TREET TLE AME TREET TTY-S TLE AME	T-ZIP		Cha	-	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			☐ DELETE	2.3 ST 2.4 C 3.1 TT 3.2 NA 3.3 ST 3.4. C 4.1 TT 4.2 NA 4.3 ST	TREET TLE AME TREET TTY-S TLE AME	T ADDRESS		☐ Cha	ingė	Addition .
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				2.3 ST 2.4 C 3.1 TT 3.2 NA 3.3 ST 3.4 C 4.1 TT 4.2 N 4.3 ST 4.4 CF	TREET THE AME TREET TY-S THE TY-ST TLE	T ADDRESS		Cha	ingė	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ DELETE	2.3 ST 2.4 C 3.1 TT 3.2 NV 3.3 ST 3.4 . C 4.1 TT 4.2 NV 4.3 ST 4.4 CC 5.1 TT 5.2 NV	TREET TILE TREET TITY-S TILE TAME TREET TY-ST TILE TY-ST TILE TAME	T ADDRESS T ADDRESS T ADDRESS T ADDRESS		☐ Cha	ingė	Addition .
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			☐ DELETE	2.3 ST 2.4 C 3.1 TT 3.2 NV 3.3 ST 3.4 . C 4.1 TT 4.2 N 4.3 ST 4.4 CI 5.1 TT 5.2 NV 5.3 ST	TREET TILE  AME TIREET TY-S TILE TY-ST TILE TY-ST TILE TREET TREET TREET	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS		☐ Cha	ingė	Addition .
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ DELETE	2.3 ST 2.4 C 3.1 TT 3.2 N/ 3.3 ST 3.4 C 4.1 TT 4.2 N/ 4.3 ST 4.4 CC 5.1 TT 5.2 N/ 5.3 ST 5.4 CJ	TREET TITY-ST TILE TITY-ST TILE TITY-ST TILE TITY-ST TILE TITY-ST TITY-ST TITY-ST	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS		☐ Cha	inge	Addition Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE			☐ DELETE	2.3 ST 2.4 C 3.1 TT 3.2 N/ 3.3 ST 3.4 C 4.1 TT 4.2 N/ 4.3 ST 4.4 CF 5.1 TT 5.2 N/ 5.3 ST 5.4 CF 6.1 TT	TREET TITY-S TILE AME TREET TTY-SI TILE TTY-SI TILE TTY-SI TILE TTY-SI TILE TTY-SI TILE TTY-SI TILE	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS		☐ Cha	inge	Addition .
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ DELETE	2.3 ST 2.4 C 3.1 TT 3.2 NA 3.3 ST 3.4 . C 4.1 TT 4.2 N 4.3 ST 4.4 CC 5.1 TT 5.2 NA 5.3 ST 5.4 CC 6.1 TT 6.2 NA	TREET TILE THE THE THE THE THE THE THE THE THE TH	T ADDRESS T-ZIP  T ADDRESS T-ZIP  T ADDRESS T-ZIP		☐ Cha	inge	Addition Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ DELETE	2.3 ST 2.4 C 3.1 TT 3.2 NA 3.3 ST 3.4 C 4.1 TT 4.2 NA 4.3 ST 4.4 CC 5.1 TT 5.2 NA 5.4 CC 6.1 TT 6.2 NA 6.3 ST	TREET TILE THE THE THE THE THE THE THE THE THE TH	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP		☐ Cha	inge	Addition Addition

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, with all other like empowered.