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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # H02323

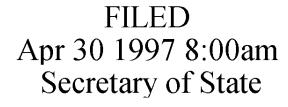
(4)

PARK PLACE DEVELOPERS OF COCOA BEACH, INC.

Principal Place of Business

180 PINELLAS LN COCOA REACH EL 82931 Mailing Address

180 PINELLAS LN COCOA REACH EL 32831-3





COCOA BEACH FL 82931		COCOA BEACH FL 32931-	COCOA BEACH FL 32931-3332						
						3. Date Incorporated or Qualified 3a. Date 05/07/1984 05/01		of Last Report	
2. Principal P	lace of Business	28. Mailing Address				4. FEI Number		Ар	plied For
21		26				59-2434827		No	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #. etc.				5. Certificate of Status Desired		\$ 8.75 A Fee Re	
City & State	е	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 Added to	
Zip	Country 25	7ip 29	30 Cou	intry		This corporation has liability for Florida Statutes	intangible tax		199.032,
	9. Name and Address of Curre	nt Registered Agent		Ţ		10. Name and Address of New Re	gistered Age	ent	
PEEPLES, JAMES W. III 505 N ORLANDO AVENUE COCOA BEACH FL 32931				81 82 83	Name Street Addr	Henn T. SUNA ess (P.O. Box Number is Not Acceptat 53 Brevard	lin , E Aven	SQU!! UE	re
er ver en e				84	City C	ocou	Fi	85 Zip C	Oode 922
agent I a	egistered agent, or both, in the Stat in familiar with, and accept the oblin	o of Florida. Such change was gations of, Section 607.0505, Fi	authorize orida Stal	d by lutes.	named corp the corporati	oration submits this statement for the pion's board of directors. I hereby acceled	ourpose of chot the appoin	anging its tment as i	s registered
12.	Signature, lyped or printed name of registured a	OD DIRECTORS (NOT	E: Registere	d Ago i	r. signature require	ed when kinstering) ADDITIONS/CHANGES TO OFFIC	DATE.		C INL 10
TITLE	PSD	DELETE	1.1 11	1116		ADDITIONS/CHANGES TO CITTO		Change	Addition
NAME	BAUGHER, ROBERT		1.2 N					- Change	
STREET ADDRESS	180 PINELLAS LANE, SUITE 1	101			ADDRESS				- -
CITY-ST-ZIP	COCOA BEACH FL			ITY-ST					,
TITLE		☐ DELETE	2.1 TI					Change	Addition
NAME .			2 2 N	AME					
STREET ADDRESS			2.3 S	TREET A	ADDRESS				
CITY-ST-ZIP			2.40	HY-ST	r-zip				
TITLE		☐ DELETE	3.1 TI	ITLE.	1	<i>y</i>	, .] Change	Addition
NAME			3.2 N	AME					
STREET ADDRESS			3.3 S	IREET A	ADDRESS				
CITY-SY-ZIP		DELETE	·	11Y-SI	I-ZIP				
TITLE NAME		☐ octete	4.1 TI				L] Change	Addition
STREET ADDRESS			4.2 N		1000400				
CITY-ST-ZIP					ADDRESS				
TITLE		DELETE	4.4 Cl	(1Y-S)-	- ZIP			Change	Addition
: NAME			5.2 N		1			Ollango	L_J regulion
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				705E174 17Y+S7-	1				
TITLE		☐ DELETE	6.1 TI					Change	Addition
NAME		-	6.2 N		ľ		•		
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				ITY-\$1-	i i				
44 13 1									

4. 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 logal effect as if made under oath; that I am an officer or director of the coding from or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 17 if I argued, or on an attachment with an address.

SIGNATURE: