

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:34

DOCUMENT # **H11299** (5)

1. Corporation Name
PARKER'S LANDING, INC.

Principal Place of Business Mailing Address
5365 HARBORSIDE DR TAMPA FL 33615 US **104-70 QUEENS BLVD FOREST HILLS NY 11375 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/06/1984** 3a. Date of Last Report **08/10/1994**
4. FEI Number **59-1843429** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Country 30

9. Name and Address of Current Registered Agent
**MITCHELL, STEPHEN J.
201 N FRANKLIN ST, STE 2100
TAMPA FL 33602**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 of applicant. (NOTE: Registered Agent signature required when registered.)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	PARKER, JACK
STREET ADDRESS	2800 SOUTH OCEAN DR
CITY-ST-ZIP	BOCA RATON FL
TITLE	PSTD
NAME	TURKEN, WALTER D
STREET ADDRESS	950 GLADIOLUS DR
CITY-ST-ZIP	FT MYERS FL
TITLE	V
NAME	TROWBRIDGE, KERRY
STREET ADDRESS	5365 HARBORSIDE DR.
CITY-ST-ZIP	TAMPA FL
TITLE	AS
NAME	MITCHELL, STEPHEN J.
STREET ADDRESS	201 N FRANKLIN ST #2100
CITY-ST-ZIP	TAMPA FL
TITLE	D
NAME	GLICK, ADAM
STREET ADDRESS	104-70 QUEENS BLVD
CITY-ST-ZIP	FOREST HILLS NY
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(6)(b), 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: *Kerry Trowbridge* **Kerry Trowbridge**
Vice President
1-16-95 (813) 855-7502
Signature of Officer or Director