


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

APPROVED  
AND  
FILED

97 JUN 16 PM 3:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT X1996 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H11299 (5)  
 1. Corporation Name  
**PARKER'S LANDING, INC.**

Principal Place of Business <b>5365 HARBORSIDE DR TAMPA FL 33615 US</b>	Mailing Address <b>104-70 QUEENS BLVD FOREST HILLS NY 11375 US</b>
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3. Date Incorporated or Qualified <b>07/06/1984</b>	3a. Date of Last Report <b>02/14/1995</b>
4. FEI Number <b>59-1843429</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>700002216377--1</b>
1.3 STREET ADDRESS	<b>-06/18/97--01108--001</b>
1.4 CITY - ST - ZIP	<b>****330.00 ****165.00</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

*A. Alan*  
6/16/97

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(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jack Parker*