

5-11-98 B-7030-C

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

FILED

May 11 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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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DO NOT WRITE IN THIS SPACE

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 [ ] Country
24 [ ]	25 [ ]
29 [ ]	30 [ ]

3. Date Incorporated or Qualified <b>07/06/1984</b>	Applied For Not Applicable
4. FEI Number <b>59-1843429</b>	
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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PARKER, JACK</b>	
STREET ADDRESS	<b>2600 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 checked="" 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		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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 attachment with an addressee.

SIGNATURE: *Adam Glick* 4/28/98 718 275 3600

CR2E034 (10/97)