

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

DOCUMENT # J14965 (4)

1. Corporation Name

PARK PLACE FINANCIAL SERVICES, INC.

95 JUL 24 AM 11:06

Principal Place of Business

Mailing Address

~~G/O FRANK PALUMBO~~  
~~600 SILVER LANE~~  
~~BOCA RATON FL 33432~~

~~G/O FRANK PALUMBO~~  
~~600 SILVER LANE~~  
~~BOCA RATON FL 33432~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/09/1986

3a. Date of Last Report

06/13/1994

4. FEI Number

59-2676756

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. 199.012,  
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business ~~G/O FRANK PALUMBO~~ 2a. Mailing Address ~~G/O FRANK PALUMBO~~

21 1717 N. BAY SHORE

26 1717 N. BAY SHORE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 APT 3745

27 APT 3745

City & State

City & State

23 MIAMI, FLORIDA

28 MIAMI, FLORIDA

Zip

Country

24 33132

25 DADE

29 33132

30 DADE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PALUMBO, FRANK

600 SILVER LANE

BOCA RATON FL 33432

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1717 N. BAY SHORE

83

APT 3745

84 City

MIAMI

FL

85

Zip Code  
33132

11. Pursuant to the provisions of Sections 607.0509 and 607.0509, 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 607.0509, Florida Statutes.

SIGNATURE

(Signature of person who is registered agent and has authority to act as such)

(NOTE: Registered Agent signature required when registering.)

7/12/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                 |
|----------------|-----------------|
| TITLE          | PD              |
| NAME           | PALUMBO, FRANK  |
| STREET ADDRESS | 600 SILVER LANE |
| CITY ST ZIP    | BOCA RATON FL   |
| TITLE          |                 |
| NAME           |                 |
| STREET ADDRESS |                 |
| CITY ST ZIP    |                 |
| TITLE          |                 |
| NAME           |                 |
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| CITY ST ZIP    |                 |
| TITLE          |                 |
| NAME           |                 |
| STREET ADDRESS |                 |
| CITY ST ZIP    |                 |

|                    |                                                                              |
|--------------------|------------------------------------------------------------------------------|
| 1. TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME            |                                                                              |
| 3. STREET ADDRESS  | 1717 N. BAY SHORE - APT 3745                                                 |
| 4. CITY ST ZIP     | MIAMI, FL 33132                                                              |
| 5. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6. NAME            |                                                                              |
| 7. STREET ADDRESS  |                                                                              |
| 8. CITY ST ZIP     |                                                                              |
| 9. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 10. NAME           |                                                                              |
| 11. STREET ADDRESS |                                                                              |
| 12. CITY ST ZIP    |                                                                              |
| 13. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 14. NAME           |                                                                              |
| 15. STREET ADDRESS |                                                                              |
| 16. CITY ST ZIP    |                                                                              |
| 17. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 18. NAME           |                                                                              |
| 19. STREET ADDRESS |                                                                              |
| 20. 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(3)(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 person or persons 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: X

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/95

305-577-0124

(Telephone Number)