

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

FILED

**Feb 09 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # J19913 (9)
1. Corporation Name
PARK PLACE TRAVEL, INC.



Principal Place of Business: **5545 PARK STREET NORTH ST. PETERSBURG FL 33709**
Mailing Address: **5545 PARK STREET NORTH ST. PETERSBURG FL 33709**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/12/1986	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2692836	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BRONSTEIN, KAY E. 5545 PARK STREET NORTH ST. PETERSBURG FL 33709				10. Name and Address of New Registered Agent		
				81 Name Nathan Copeland		
				82 Street Address (P.O. Box Number is Not Acceptable) 5545 Park Street North		
				83 St. Petersburg, FL 33709		
				84 City	85 Zip Code FL	

I, Pursuant to the provisions of Sections 607.0507 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]* Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: **2-2-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRONSTEIN, KAY E.	1.2 NAME	
STREET ADDRESS	5545 PARK STREET NORTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	
TITLE	VSD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRONSTEIN, JOEL D.	2.2 NAME	
STREET ADDRESS	5545 PARK STREET NORTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COPELAND, NATHAN	3.2 NAME	
STREET ADDRESS	5545 PARK ST N	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	
TITLE	VPSD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POSSICK, CHARLES	4.2 NAME	VPSD
STREET ADDRESS	5545 PARK ST N	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	4.4 CITY-ST-ZIP	
TITLE	VP D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POSSICK, KAREN	5.2 NAME	500002424615
STREET ADDRESS	5545 PARK ST N	5.3 STREET ADDRESS	-02/09/98--01020--002
CITY-ST-ZIP	ST. PETERSBURG FL	5.4 CITY-ST-ZIP	***168.75
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	VP
STREET ADDRESS		6.3 STREET ADDRESS	Isaac Varon
CITY-ST-ZIP		6.4 CITY-ST-ZIP	5545 Park St N
			St. Petersburg, FL33709

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 an attachment with an address.

SIGNATURE: *[Signature]* **Park Place Travel, Inc. President** DATE: **1-8-98** (813) 545-0613

CR2E034 (10/97)