2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # J41062

1. Entity Name
PARKWAY CENTER, INC.

Principal Place of Business	Mailing Address
7940 GLADES RD BOCA RATON, FL 33434	7940 GLADES RD BOCA RATON, FL 33434

DO NOT WRITE IN THIS SPACE

01212004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-2740996	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BOINIS, PETER PAUL
7940 GLADES ROAD
BOCA RATON, FL 33434

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

U00000057467

02/19/04-80063-009 150.00

FILE NOW!!! FEE IS $150.00 **After May 1, 2004 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	BOINIS, PETER PAUL
STREET ADDRESS	7940 GLADES RD
CITY - ST - ZIP	BOCA RATON, FL

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____   PETER P BOINIS   2/13/04   561-487-1600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #