FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAR 22 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J46939 (1)

1. Corporation Name

PARK PLACE APARTMENTS, INC.

Principal Place of Business	Mailing Address
4949 WESTGROVE DR., SUITE 120 DALLAS TX 75248	4949 WESTGROVE DR., SUITE 120 DALLAS TX 75248

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
Suite, Apt #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 12/08/1986
3a. Date of Last Report: 03/21/1994
4. FEI Number: 75-2143330 ☐ 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. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

EMMANUEL, PATRICK G.
30 S. SPRING ST
PENSACOLA FL 32501

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LITOFF, ELIOT
STREET ADDRESS	4949 WESTGROVE DR, #120
CITY-ST-ZIP	DALLAS TX
TITLE	STD
NAME	LITOFF, HAROLD
STREET ADDRESS	84 SHIP STREET, UNIT F-1 EAST
CITY-ST-ZIP	PROVIDENCE RI
TITLE	AS
NAME	LITOFF,CAROL G.
STREET ADDRESS	4949 WESTGROVE DR.,#120
CITY-ST-ZIP	DALLAS TX
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE		☐ Change ☒ Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY ST ZIP	DALLAS, TX 75248-6179	
2 1 TITLE		☐ Change ☒ Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY ST ZIP	PROVIDENCE, RI 02903	
3 1 TITLE		☐ Change ☒ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY ST ZIP	DALLAS, TX 75248-6179	
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY ST ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY ST ZIP		
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY ST ZIP		

A1 3/24

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)(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: Eliot D. Litoff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/95
Date

(214) 380-8933
Daytime Phone #