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FILED

**Feb 27 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # J46939

(1)

**1. Corporation Name
PARK PLACE APARTMENTS, INC.**



Principal Place of Business

**4949 WESTGROVE DR., SUITE 120
DALLAS TX 75248**

Mailing Address

**4949 WESTGROVE DR., SUITE 120
DALLAS TX 75248-6179**

**3. Date Incorporated or Qualified
12/08/1986**

**3a. Date of Last Report
02/21/1996**

2. Principal Place of Business

21 4851 Keller Springs Rd.

Suite, Apt. #, etc.

22 #222

City & State

23 Dallas, Texas

Zip

24 75248-5928

Country

2a. Mailing Address

26 4851 Keller Springs Rd.

Suite, Apt. #, etc.

27 #222

City & State

28 Dallas, Texas

Zip

29 75248-5928

Country

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 type for printed name of registered agent (not filled applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LITOFF, ELIOT	
STREET ADDRESS	4949 WESTGROVE DR., #120	
CITY - ST - ZIP	DALLAS TX 75248-6179	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	LITOFF, HAROLD	
STREET ADDRESS	84 SHIP STREET, UNIT F-1 EAST	
CITY - ST - ZIP	PROVIDENCE RI 02903	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	LITOFF, CAROL G.	
STREET ADDRESS	4949 WESTGROVE DR., #120	
CITY - ST - ZIP	DALLAS TX 75248-6179	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	4851 Keller Springs Rd. #222
14 CITY - ST - ZIP	Dallas, Texas 75248-5928
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	4851 Keller Springs Rd. #222
34 CITY - ST - ZIP	Dallas, Texas 75248-5928
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do 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:

Eliot L. Lutoff

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/97

Date

(972) 380-8933

Daytime Phone #

CR2E034 (9/96)