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

PROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J46939 PARK PLACE APARTMENTS, INC.

(1)

**FILED** Apr 02 1998 8:00am Secretary of State

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Principal Plac	e of Busines	s	M	ailing Address				$\dashv$	e tablikka attr bildiğ əsilə tötdə qılıb	inis atom dinis	EIER TITE		<b>(1)</b>	
4851 KELLER SPRINGS RD 4851 KELLER SPRINGS RD								1						
222			2	222										
DALLAS TX 75248-5928 DALLAS TX 75248-5928								-	DO NOT WRITE IN THIS SPACE					
US US									<ol> <li>Date Incorporated or Qualified 12/08/1986</li> </ol>					
2. Principal P	lace of Busin	ness	2a.	2a. Mailing Address					4. FEI Number Applied				For	
21				26					75-2143330		Not Applicable			
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired	<b>X</b>		75 Additio e Required		
City & State				Cily & State				Į	<b>6.</b> Election Campaign Financing Trust Fund Contribution					
Zip	Zip Country			Zip Cou			ountry		8. This corporation owes or has p	aid the cur	rent yea	r Intangibl	e	
24		25	29		30	)			Personal Property Tax due June 30. Yes No					
		and Address of Curr	ent Regis	stered Agent					10. Name and Address of New R	egistered	Agent			
	PATRICK G.				81 Name							Į		
	S. SPRING NSACOLA				B2 Stree			ddres	s (P.O. Box Number is Not Accepta	able)				
						83								
						84	City			FL	. 1 - 1	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 (NOTE: Registered Agent signature required when reinstating) OATE														
12.	CTORS	13.												
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14. I hereby certify that the information supplied with this filling 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.