

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

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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90121 005 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # J48560

1. Corporation Name
PARK DRIVE INVESTMENTS, INC.



| | |
|--|--|
| Principal Place of Business C/O BROIDA AND NAPIER P.A. 605 75TH AVE. ST. PETERSBURG BEACH FL 33706 | Mailing Address C/O BROIDA AND NAPIER P.A. 116 HOMEPORT DR PALM HARBOR FL 34683 -US- |
|--|--|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------------|--|--|--|---|--|
| 2. Principal Place of Business 21 | | 2a. Mailing Address 26 3933 MIMOSA PLACE | | 3. Date Incorporated or Qualified 12/23/1986 | |
| Suite, Apt. #, etc. 22 | | Suite, Apt. #, etc. 27 | | 4. FEI Number 11-2838615 | |
| City & State 23 | | City & State 28 PALM HARBOR, FL. | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip 24 | | Zip 29 34685 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Country 25 | | Country 30 U.S. | | 7. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**BROIDA AND NAPIER P.A.
605 75TH AVE
ST PETERSBURG BEACH FL 33706**

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| 85 Zip Code |

FL

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)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------------|---|--|
| TITLE | DP <input type="checkbox"/> DELETE | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FRAZIS, MICHAEL N | 1.2 NAME | |
| STREET ADDRESS | 116 HOMEPORT DR. | 1.3 STREET ADDRESS | 3933 MIMOSA PLACE. |
| CITY-ST-ZIP | PALM HARBOR FL | 1.4 CITY-ST-ZIP | PALM HARBOR FL. 34685 |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FRAZIS, SULTANA M | 2.2 NAME | |
| STREET ADDRESS | 116 HOMEPORT DR. | 2.3 STREET ADDRESS | 3933 MIMOSA PLACE. |
| CITY-ST-ZIP | PALM HARBOR FL | 2.4 CITY-ST-ZIP | PALM HARBOR FL. 34685 |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE:

[Signature]

[Signature]

2/15/99

CR2E034 (11/98)