

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # J85217 (4)**

**1. Corporation Name**  
**PARK LANE ASSOCIATES, INC**

**Principal Place of Business** 405 ESPANOLA WAY  
APT. 306  
MIAMI BEACH, FL 33139

**Mailing Address** P.O. BOX 191156  
MIAMI BEACH, FL  
33119-1156

**3. Date Incorporated or Qualified** 07/24/1987  
**3a. Date of Last Report** 07/13/95

**4. FEI Number** 59-2826508  
 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

**2. Principal Place of Business** **2a. Mailing Address**

**21** Suite, Apt. #, etc. **26** Suite, Apt. #, etc.

**22** City & State **27** City & State

**23** Zip **25** Country **28** Zip **30** Country

**9. Name and Address of Current Registered Agent**

**JOUGHIN, LESLIE E, III**  
201 EAST KENNEDY BLVD  
SUITE 800  
TAMPA, FL 33602

**10. Name and Address of New Registered Agent**

**81** Name **JAMES R. McLEAN**

**82** Street Address (P.O. Box Number is Not Acceptable)  
**405 ESPANOLA WAY, APT 306**

**83**

**84** City **MIAMI BEACH** **FL** **85** Zip Code **33139**

**11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 607.0506, Florida Statutes.**

**SIGNATURE:** *[Signature]* **JAMES R. McLEAN, President** **MAY 16, 1996**

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

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JAMES R. McLEAN	
STREET ADDRESS	1300 COLLINS AVE. APT 402	
CITY - ST - ZIP	MIAMI BEACH, FL 33139	<input type="checkbox"/> DELETE
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> DELETE
NAME	VICTORIA E. THORNHILL	
STREET ADDRESS	6701 S.W. 116 COURT, APT 403	
CITY - ST - ZIP	MIAMI, FL 33173	<input type="checkbox"/> DELETE
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**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	300001836009
4.3 STREET ADDRESS	-05/23/96--01003--015
4.4 CITY - ST - ZIP	***233.75
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

**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)(k), 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:** *[Signature]* **JAMES R. McLEAN** **5/16/96** **(305) 538-5388**

Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CR2E034 (12/95)