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FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # J85217 (4)
 1. Corporation Name
PARK LANE ASSOCIATES, INC.



Principal Place of Business: 6301 COLLINS AVE. #1203 MIAMI BEACH FL 33141 US
 Mailing Address: P.O. BOX 191156 MIAMI BEACH FL 33119-1156 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21	26	07/24/1987	59-2826508	Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	8. Election Campaign Financing Trust Fund Contribution	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23. City & State	28. City & State	6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	9. Yes	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip	29. Zip	10. No		


9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MCLEAN, JAMES R 6301 COLLINS AVE. APT. 6301 MIAMI BEACH FL 33141	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLEAN, JAMES R.	1.2 NAME	
STREET ADDRESS	6301 COLLINS AVE., APT. 1203	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33141	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THORNHILL, VICTORIA E	2.2 NAME	
STREET ADDRESS	6701 S.W. 115 COURT, APT. 403	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33173	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	DIRECTOR/SECRETARY
STREET ADDRESS		3.3 STREET ADDRESS	CLARA I. McLEAN
CITY-ST-ZIP		3.4 CITY-ST-ZIP	6301 COLLINS AVENUE, APT 1203
TITLE		4.1 TITLE	MIAMI BEACH, FL 33141
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		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		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)(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:  JAMES R. McLEAN 4/20/98 (305) 867-0086

CR2E034 (10/97)