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FILED
Feb 11, 1999 8:00am
Secretary of State

02-11-1999 90030 042 ****158.75



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **J85217**

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

| | | | |
|----|--------------------------------|---------------------|----|
| 21 | 2. Principal Place of Business | 2a. Mailing Address | 26 |
| 22 | Suite, Apt. #, etc. | Suite, Apt. #, etc. | 27 |
| 23 | City & State | City & State | 28 |
| 24 | Zip | Country | 29 |
| 25 | | Zip | 30 |
| 25 | | Country | |

3. Date Incorporated or Qualified: **07/24/1987**

4. FEI Number: **59-2826508**

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 owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent

MCLEAN, JAMES R
6301 COLLINS AVE.
APT. 6301
MIAMI BEACH FL 33141

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 _____ DATE _____
 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 | MCLEAN, JAMES R. | |
| STREET ADDRESS | 6301 COLLINS AVE., APT. 1203 | |
| CITY-ST-ZIP | MIAMI BEACH FL 33141 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | THORNHILL, VICTORIA E | |
| STREET ADDRESS | 6701 S.W. 115 COURT, APT. 403 | |
| CITY-ST-ZIP | MIAMI FL 33173 | |
| TITLE | DS | <input type="checkbox"/> DELETE |
| NAME | MCLEAN, CLARA I | |
| STREET ADDRESS | 6301 I MCLEAN | |
| CITY-ST-ZIP | MIAMI BEACH FL 33141 | |
| 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 | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 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 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, with all other like empowered.

SIGNATURE: *James R. McLean, PD* 1/15/99 (305) 867-8886

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)