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

**PROFIT CORPORATION ANNUAL REPORT** 

**19**98



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K74592

(2)

## **FILED** May 14 1998 8:00am Secretary of State

PARK F	PLACE, A MOBILE HOME PA	ARK, INC.			
Principal Place of Business Mailing Address				-{	BI BIBIT BIBIT BIBIT BIBIT BIBIT FIBIT FABE
75 LEDBETTE RD #29 75 LEDBETTE RD #29				J	
CULLOWHEE NC 28723 CULLOWHEE NC 28723				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				03/16/1989	
2. Principal Pl	lace of Business	28. Mailing Address 26. 3000 Old Cu	11. has PI	4. FEI Number	Applied For
21 <b>3000</b> Suite, Apt.	Old Cullowhee Rd.	26 3000 Old Cu Suite, Apt. #, etc.	HOWEE HA	59-2946101	Not Applicable
22 27		<del></del>		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
}			···	Trust Fund Contribution	Added to Fees
<sup>Z</sup> a るの	3 Country 25 JACKSON	29 Q8733 3	o Jackson	8. This corporation owes or has pa	
24 00 10	9. Name and Address of Current		0 7403.70	Personal Property Tax due June 10. Name and Address of New Re	
KABBOORD, MARK D. B1 Name					
2201 N ATLANTIC AVE				ess (P.O. Box Number is Not Accepta	bla)
COCOA BEACH FL 32931			iss (F.O. Dox (vulnos) is 1401 Accepta	0163	
83					
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607,1508. Florida Statutes	the above-named corpo	pration submits this statement for the	purpose of changing its registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Floride 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, typid or printed name of registered ager		ling stered Agent signature require		DATE
12.	OFFICERS AND	DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFI	
TITLE NAME	KABBOORD, WILLIAM J.	( ocrete	1.1 TITLE 1.2 NAME		☐ Change ☐ Addition
STREET ADDRESS	3201 N. ATLANTIC AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH FL		1.4 CITY-ST-ZIP		, I
TITLE	D	DELETE	21 TITLE		☐ Change ☐ Addition
NAME	KABBOORD, MARK D.		2.2 NAME		
STREET ADDRESS	3201 N. ATLANTIC AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH FL		2. 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3 4. City-ST-ZIP 4 1 Title		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		Thurt	5.4 CITY - ST - ZIP		Chara
TITLE		☐ DELETE	61 THILE	,	Change Addition
NAME OTOTET ADDRESS			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
14. I hereby o	ertify that the information supplied wit	h this filing does not qualify for	6.4 CITY-ST-ZIP the exemption stated in S	Section 119.07(3)(i), Florida Statutes. I	further certify that the information

Indicated on this annual report or supplies whe has here does not quality for the exemption stated in Section 1 (SU(1/5)(i), Frorad Statutes. I further certify that the informatic indicated on this annual report or suppliemental annual report is true and securate 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 attachingon with an address.