

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M01714 (8)**

1. Corporation Name
PARK LANE CENTER, INC.



Principal Place of Business: C/O DAVID F. YOUNG, P.A. 1500 SAN REMO AVE #245 CORAL GABLES FL 33146-3054 US
Mailing Address: C/O DAVID F. YOUNG 1500 SAN REMO AVE #245 CORAL GABLES FL 33146-3054 US

3. Date Incorporated or Qualified: **06/13/1984**
3a. Date of Last Report: **04/14/1995**
4. FEI Number: **76-0108400**
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

21. Principal Place of Business: Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country

9. Name and Address of Current Registered Agent
**HUGHEY, BONNIE J
1500 SAN REMO AVE
STE 239
CORAL GABLES FL 33146-3047**

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

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PDT	<input type="checkbox"/> DELETE
NAME	MEGERISI, OMAR	
STREET ADDRESS	2800 POST OAK BLVD, #5310	
CITY- ST- ZIP	HOUSTON TX	
TITLE	VASD	<input type="checkbox"/> DELETE
NAME	BABA, MASAUD G.	
STREET ADDRESS	2800 POST OAK BOULEVARD, #5310	
CITY- ST- ZIP	HOUSTON TX	
TITLE	S	<input type="checkbox"/> DELETE
NAME	YOUNG, DAVID F.	
STREET ADDRESS	1500 SAN REMO AVE #245	
CITY- ST- ZIP	CORAL GABLES FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	YOUNG, DAVID F.	
STREET ADDRESS	1500 SAN REMO AVE #245	
CITY- ST- ZIP	CORAL GABLES FL	
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		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY- ST- ZIP	77056		
2.1 TITLE		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	Baaba, Masaud G.		
2.3 STREET ADDRESS	2800 Post Oak Boulevard, #5310		
2.4 CITY- ST- ZIP	77056		
3.1 TITLE		<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY- ST- ZIP	33146-3054		
4.1 TITLE		<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY- ST- ZIP	33146-3054		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY- ST- ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY- ST- ZIP			

14. I do hereby certify that the information supplied with this filing was 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 if an appointment with an address).

SIGNATURE: *David F. Young* DATE: **3/8/96** PHONE: **(305) 666-0000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **David F. Young, Vice President / Director**

CR2E034 (12/95)