

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

FILED
Apr 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # MO1714 (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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/13/1984

2. Principal Place of Business 21 12908 Air Way Street Suite, Apt. #, etc.	2a. Mailing Address 26 12908 Air Way Street Suite, Apt. #, etc.
22 City & State 23 Panama City, Florida Zip Country 24 32404-2833 25 US	27 City & State 28 Panama City, Florida Zip Country 29 32404-2833 30 US

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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 **Judith C. Young**

82 Street Address (P.O. Box Number is Not Acceptable)
12908 Air Way Street

83

84 City **Panama City, FL** 85 Zip Code **32404-2833**

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 *Judith C. Young* DATE **4-6-98**

12. OFFICERS AND DIRECTORS

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	BAABA, MASAUD G	
STREET ADDRESS	2800 POST OAK BOULEVARD #5310	
CITY-ST-ZIP	HOUSTON TX	
TITLE	VSD	<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

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	VSD
3.3 STREET ADDRESS	Young, David F.
3.4 CITY-ST-ZIP	12908 Air Way Street
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	Panama City, FL 32404-2833
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 as an attachment with an address.

SIGNATURE: *[Signature]* **April 3, 1998 850 871 3750**

CR2E034 (10/97)