FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **M95883** **(8)**

1. Corporation Name
PARKER-PLAYERS CLUB, INC.

Principal Place of Business	Mailing Address
6296 CORPORATE COURT SUITE A101 FT. MYERS FL 33919 US	6296 CORPORATE COURT SUITE A101 FT. MYERS FL 33919 US

3. Date Incorporated or Qualified: 08/25/1988
3a. Date of Last Report: 04/28/1995

2. Principal Place of Business
21: 9400 GLADIOLUS DRIVE
Suite, Apt. #, etc.
22:
City & State
23: FT MYERS FL
Zip 24: 33908 Country 25: USA

2a. Mailing Address
26: 9400 GLADIOLUS DRIVE
Suite, Apt. #, etc.
27: SUITE 250
City & State
28: FT MYERS FL
Zip 29: 33908 Country 30: USA

4. FEI Number: 59-2911860 ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent

MITCHELL, STEPHEN J.
201 N. FRANKLIN STREET
SUITE 2100
TAMPA FL 33602

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		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKER, JACK 2800 SO. OCEAN BLVD. BOCA RATON FL	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD TURKEN, WALTER D. 6296 CORPORATE COURT, SUITE A101 FT. MYERS FL	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	PO 9400 GLADIOLUS DRIVE, SUITE 250 FT MYERS, FLA 33908 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLICK, ADAM 104-70 QUEENS BLVD FOREST HILLS NY	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MITCHELL, STEPHEN J. 201 N. FRANKLIN ST., SUITE 2100 TAMPA FL	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	ST JOHN REISMAN 9400 GLADIOLUS DRIVE, SUITE 250 FT MYERS, FLA 33908 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is 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 on an attachment with an address.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 6/2/96 Daytime Phone #: 941-481-5040

CR2E034 (12/95)