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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M95883

(8)

PARKER-PLAYERS CLUB, INC.

FILED	
Apr 18 1997 8:00am	ì
Secretary of State	

Principal Place of Business Mailing Address												*** **** ***	. 91917 1947
9400 GLADIOLUS DRIVE FT MYERS FL 33908 US				9400 GLADIOLUS DR. SUITE 250 FT MYERS FL 33908-3692									
US										3. Date Incorporated or Qualified 08/25/1988 3a. Date of Last Rep 08/07/1996			Report
2. Principal F	Place of Busino	2a.	2a. Mailing Address						4. FEI Number		A	pplied For	
21		26	26						59-2911860		N	lot Applicable	
Sulte, Apt.	#, etc.		Suite, Apt. #, etc.						F 0-18 4 404 4 5-1		\$8.75	Additional	
22				27						5. Certificate of Status Desired	لسا	Fee F	Required
City & Stal	te			City & S	tate					6. Election Campaign Financing		\$5.00	May Be
23			28							Trust Fund Contribution			to Fees
Zip		Country		Zip		Co	untry		1	8. This corporation has liability for	intangible	tax under :	s. 199,032,
24	2	15	29			30				Florida Statutes	] <sub>Yes</sub> [[	JNo	· I
	9. Name a	and Address of C	urrent Regis	tered Ag	ent	4	Т			10. Name and Address of New Re	gistered A	gent	
MITC	CHELL, STEP	PHEN J.					81	Name					
	N. FRANKLI						-	<u> </u>					
SUITE 2100							82	Street	Addre	ss (P.O. Box Number is Not Acceptat	ole)		
TAMPA FL 33802							83						
(Am	IFA I E 00001	•											
							84	City			FL	<b>85</b> Zip	Code
11. Pursuant	to the provision	ons of Sections 60	7.0502 and 6	07.1508,	Florida Statut	es, the a	above	e-named	corpo	ration submits this statement for the p	ourpose of	changing	its registered
office or i	registered age am familiar with	ent, or both, in the n. and accept the	State of Florid Obligations of	ia. Such . Section	change was a 607.0505. Flo	authorize orida Sta	ed by stutes	/ the cor	'poratio	n's board of directors. I hereby accep	pt the appo	bintment as	s registered
•		.,		,									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Regist						L: Register	ec Age	nt signatu	e required	when reinslating)	DATE		
12.		OFFICER	S AND DIREC	TORS		13				ADDITIONS/CHANGES TO OFFICE	CERS AND	DIRECTO	RS IN 12
TITLE	) <b>D</b>				DELETE	1.1	ITLE		Ţ			Change	Addition
NAME	PARKER, J	ACK				1.2 1	IAME						
STREET ADDRESS	2800 SO. (	ocean Blvd.				1.3 5	STREET	ADDRESS					
CITY-ST-ZIP	BOCA RAT	ON FL				1.4 (	OTY-S	T-7(P					
TITLE	PD				DELETE	211	IIILE		<b>†</b>			☐ Change	Addition
NAME	TURKEN, V	VALTER D				221	NAME						
STREET ADDRESS	9400 GLAD	uz "Rd Zulok	TE 250			235	STREET	ADDRESS					
CITY-ST-ZIP	FT. MYERS						CHTY - S						
TITLE	D				DELETE	3.1 1			<b>†</b>			☐ Change	Addition
NAME	GLICK, AD	AM				3.2 N	IAME			~		_	
STREET ADDRESS 104-70 QUEENS BLVD							3.3 STREFT ADDRESS						
CITY-ST-ZIP	FOREST H						CITY-S		1				ľ
7(7) €	AC		··		DELETE		2745		<del>                                     </del>			Change	Addition

14. I do hereby certify that the information supplied with this filling 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 charged, or on an attathment with an address.

SIGNATURE.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST- ZIP

4.4 CITY - S1 - ZIP

5.1 1(1) (€

5.2 NAME

61 TITLE

6.2 NAME

DELETE

DELETE

NAME

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-\$T-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

MITCHELL, STEPHEN J.

TAMPA FL

REISMAN, JOHN

FT MYERS FL 33908

201 N. FRANKLIN ST., SUITE 2100

9400 GLADIOLUS DRIVE, SUITE 250

Change

Change

Addition

☐ Addition