Applied For

Not Applicable

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N16703

1. Corporation Name

PARKWAY CENTER MERCHANTS ASSOCIATION, INC.

Principal Place of Business									
1777 N.E. EXPRESSWAY									
STE. 145									
atlanta ga 30329									
US									

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

1777 N.E. EXPRESSWAY STE. 145 ATLANTA GA 30329

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FILED Jul 12, 1999 8:00 am Secretary of State

07-12-1999 90023 026 ****61.25

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3. Date Incorporated or Qualifed

09/09/1986

36-3394112

FEI Number



City & State	e	City & State			5. Certificate of Status Desired \$8.75 Addition					ł	
3		28						Fe	e Req	uired -	1
Zip Country Zip				У	-	6. Election Campaign Financing	П	\$5.00 May Be			
25 29 30				Trust Fund Contribution					Added to Fees		
Name and Address of Current Registered Agent						10. Name and Address of New F	Registered A	Agent			ł
			8	1 Name							
DALE, HO	8:	2 Street	Addres	s (P.O. Box Number is Not Accepta	able)				1		
200 W FC	<u> </u>								1		
SUITE 110	00		8	3							
JACKSON	IVILLE FL 32202		8	4 City				85	Zip Co	ode	1
							<u> FL</u>		•]
1.—Pursuant to the provisione of Sections 617:0502 and 617:1508; 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 617:0503, Florida Statutes.											
SIGNATURE	Signature, typed or printed name of registered agent as	d title if applicable. (NOTE: Re	egistered Ag	ent signature	v beriuper	rhen reinstating)	DATE	•			
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN	D DIRE	CTOP]
TILE	SD	☐ DELETE	1.1 TITLE					☐ Cha	ange	☐ Addition	l
IAME .	ROLLING, SHAWN		1.2 NAME								ľ
TREET ADDRESS	AGOS ADALACTICE DIVINA			ET ADDRESS							
TY-ST-ZIP	TALLADACOFF FI			ST-ZIP							1
TTLE	D	☐ DELETE	2.1 TITLE					☐ Cha	ange	☐ Addition	}
IAME	SULZBACHER, WILLIAM M		2.2 NAME	Į.							1
STREET ADDRESS	8130 BAYMEADOWS WAY W		2.3 STRE	ET ADDRESS							
CITY-ST-ZIP	JACKSONVILLE FL		2. 4 CITY	·ST-ZIP							
TITLE	Ď	☐ DELETE	3.1 TITLE					Cha	ange	Addition	
IAME	SHURE, HILLARY		3.2 NAME								
STREET ADDRESS	1777 NE EXPRESSWAY		3.3 STRE	ET ADDRESS	.)						Ì
CITY-ST-ZIP	ATLANTA GA 30329		3.4. CITY	-ST-ZIP		•					
TITLE		☐ DELETE	4.1 TITLE				,	Chá	ange	☐ Addition	
NAME			4.2 NAM	E							
STREET ADDRESS			4.3 STRE	ET ADDRESS							
CITY-ST-ZIP			4.4 CITY-	ST-ZIP							İ
TITLE		☐ DELETE	5.1 TITLE	-	1	د هساره از در درسان		· 🖃 Ch	ange -	- Addition	1
IAME	باره سنعام العنيفسيندون ال		5.2 NAME			_					
TREET ADDRESS			5.3 STRE	ET ADDRESS	;						
ITY-ST-ZIP			5.4 CITY-	ST-ZIP			_				
TITLE		☐ DELETE	6.1 TITLE					☐ Cha	ange	☐ Addition]
IAME			6.2 NAME								1
TREET ADDRESS			6.3 STRE	ET ADDRESS	1						1
ITY-ST-ZIP			6.4 CITY-	ST-ZIP							-
14. I hereby o	certify that the information supplied with	his filing does not qualify for th	ne exemp	tion state	d in Se	ction 119.07(3)(i), Florida Statutes.	I further cert	ify that	the in	formation	4
indicated	on this annual report or supplemental ar	nual report is true and accurat	te and th	at my sig	nature s	shall have the same legal effect as it	t made unde	r oatn;	that i	am an	