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NONPROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9700004279

1. Corporation Name

PARKLAND'S BUILD-A-PARK, INC.

Principal Place of Business 3300 UNIVERSITY DRIVE SUITE 301 CORAL SPRINGS FL 33065

Mailing Address

9900 UNIVERSITY DRIVE SUITE 301

CORAL SPRINGS FL 33065

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

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Principal Place of Business Za. Mailing Address						3. Date Incorporated or Qualifed			
21		26 P.O. BOX	838	0		07/28/1997			
	#, etc.	Suite, Apt. #, etc.				4. FEI Number		App	olied For
22		27	• *,-		,	65-0773889	•		Applicable
City & State	e	City & State 28 CORAC St	5. FL		5. Certifcate of Status Desired	Sesired Sa.75 Additional Fee Required			
Zip	Country 25	Zip 29 73075	Cour			Election Campaign Financing Trust Fund Contribution		- \$5.00 Added to	- 1
24	9. Name and Address of Current		1301			10. Name and Address of New R	egistered /	Agent	
	- 144110-4114-1441			81 N	ame				
GORDON, MICHAEL				00	Direct Address (D.O. Boy Number in Not Appoints (a)				
				82 Street Address (P.O. Box Number is Not Acceptable)					
3300 UNIVERSITY DRIVE SUITE 301				83					
CORAL SPRINGS FL 33065				84 C	· ia.			85 Zip C	lode
			l		ity		FL		
office or n	edistared agent or both in the State of	i Florida. Such chande was a	utnonzea	DV the	med co	rporation submits this statement for the tition's board of directors. I hereby accept	ourpose of the appoir	changing its itment as req	registered gistered
agent. I a	m familiar with, and accept the obligation	ons of, Section 617.0503, Flo	orida Statu	tes.					
SIGNATURE	Signature, typed or printed name of registered agent			Agent sig	nature requ	eired when reinstating)	DATE	DIDECTO	DO IN 12
12.	OFFICERS AND DIRECTORS 1					ADDITIONS/CHANGES TO OFF	ICERS AN		Addition
TITLE	D	☐ DELETE 1.13		-				Change	LT Addition
NAME	GORDON, MICHAEL 1.		1.2 NA	ΝE		•			
STREET ADDRESS	3300 UNIVERSITY DR, STE 301		1.3 STF	1.3 STREET ADDRESS					
CITY-ST-ZIP	CORAL SPRINGS FL 33065		_	1.4 CITY-ST-ZIP			·	`\~	C Addition
TITLE	D DELETE		2.1 TIT	2.1 TITLE			•	Change	☐ Addition
NAME	KLEIN, KAREN		2.2 NA	ME		0.40			
STREET ADDRESS	30-MIDWAY-ROAD		2.3 STI	REETAD	ORESS	6385 NW 77 PLACE	= 		
CITY-ST-ZIP	RITTSBURGH PA-15216	= _ <u>*</u> -	2.4 CF	Y-ST-Z	P 1	ARKLAND, FL 2	200	~	The Address
TITLE	D DELÉTÉ		3.1 TITI	3.1 TITLE				Change	Addition
NAME	LEYLAND, KATIE		3.2 NA	ΜE				•	
STREET ADDRESS	7911-EAST-UPPER-RIDGE-DRIVE	,	3.3 STF	REET AD	ORESS 7	30 MIDWAY ROAT	5 . سا . ـ ا	,	
CITY-ST-ZIP	PARKLAND FL 33067		3.4. CIT	Y-ST-ZI	P 4	21TTSBURGH, 44)	1521	b	
TITLE	D	☐ DELETE	4.1 111	LE		•		Change	Addition Addition
NAME	LIGHT, CONNIE		4. 2 NA	ME					
STREET ADDRESS	7911 EAST UPPER RIDGE DRIVE		4.3 STI	REET AD	DRESS				
CITY-ST-ZIP	PARKLAND FL 33067		4.4 CIT	Y-ST-ZI	-		·		
TITLE		☐ DELETE	5.1 TIT					Change	Addition
NAME			5.2 NA						
STREET ADDRESS			5.3 STI	REET AD	DRESS				
CITY-ST-ZIP				Y-ST-ZII	-				
TITLE		☐ DELETE	6.1 TIT	LE	1			Change	Addition
NAME			6.2 NA	ME					
	1				1				
STREET ADDRESS	1		6.3 ST	REETAD	DRESS	•			

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed of on an attactpress with an appears, with all other like empowered.

SIGNATURE: