FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P93000036801 (7) **DOCUMENT #**

PARK PLACE III, INC.



Principal Place of Business Mailing Address					ı rearrean sın rarna sısır dasır darın darın adrad iriyê disên işini abibi Hêl 1808:		
301 NW 84TI PLANTATION		301 YAN 84TH AVENUE PLANTATION FL 33324					
					3. Date Incorporated or Qualified 05/21/1993	3a. Date of 01/2	Last Report ?7/1995
	ace of Business	2a. Mailing Address	· · · · ·		4. FEI Number 65-0419905		Applied For
Suite, Apt. #, etc.		26 PO BOX 16270		The Options			
22	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$	8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing		\$5.00 May Be	
23		28 PLANTATION, FL		Trust Fund Contribution		Added to Fees	
Zφ	Country	Zip	Count	31	8. This corporation has liability for		nders 199.032
24	25 29 333/8- 6270 30 .		. ب	Florida Statutes Yes No 10. Name and Address of New Registered Agent			
	g, Hallie and Address of Carr	ent riegistered Agent	8	I Name	10. Name and Address of New	negistered Age	ent.
KNIGHT	. JAY L						
301 NW 84TH AVENUE			8:	Street Add	ress (P.O. Box Number is Not Accepta	ble)	
PLANTA	TION FL 33324		8:	3			
			8	4 City			S Zip Code
				'		ᅡᇉᆝ	
or register	ed agent, or both, in the State of Flo th, and accept the obligations of, Se	rida. Such change was authorized	, the above I by the cor	poration's boa	ration submits this statement for the purify of directors. Thereby accept the app	orpose of changi orintment as reg	ng its registered omce istered agent. Fam
	Signalize ityped or ponted name of registerest ag-	est and title in approximent in all the Me	Registered Ag	er Csignature require	ort swine in technical arming?	DA'E	
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OF		
THLE	KNIGHT, JAY L	□ DCLETE	i i				hange Addition
NAME	301 NW 84 AVE.		1.2 NAME				
STREET ADDRESS CITY+ST-ZIP	PLANTATION FL			ET ADDRESS			
TITLE	VP	DELEIE	2.1 Title	***************************************		ПО	hange Addition
NAME	MAY, MARTIN M M.D.		2.2 NAME			ш.	- I violanti
STREET ADDRESS	301 NW 34 AVE.		2.3 STRE	ET ADDRESS			
CITY-ST-ZIP	PLANTATION FL		2.4 C-TY	\$1 - Z-P			
TITLE	8	☐ DELETE	3 1 TITUE				hange 🔲 Addition
NAME	LAZER, ALAN M		3 2 NAM6				
STREET ADDRESS	301 NW 84 AVE. PLANTATION FL			ET ADDRESS			
CITY-ST-ZIP TITLE	T	TT DELETE	3.4 CITY -			ПС	hoos
NAME	HALE, MARTIN E M.D.	L3 occer.	4 1 T-TLE 4 2 NAME			□ (hange
STREET ADDRESS	301 NW 84 AVENUE			: LADDRESS			4
CITY-ST-ZIP	PLANTATION FL		4 4 CITY				
TITLE	D	☐ DELETE	5 I TITLE				hange
NAME	MAY, GEORGE I M.D.		5.2 NAM6				
STREET ADDRESS	301 NW 84 AVENUE		5 3 STREE	T ADDRESS			
CITY-ST-ZIP	PLANTATION FL		5 4 CITY				
THTLE		☐ DELETE	6 1 TITLE				hange 🔲 Addition
NAME State Language			. 6 2 NAME				
STREET ADDRESS				:1 ADDRESS			
CITY-ST-ZIP	l		6 4 CITY	ST-ZIP			

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 Lear 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4/15/96