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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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Secretary of State

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Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000036801 (7)

PARK PLACE III, INC.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING O

ппофа: Масе	of Business	Mailing Address			86188 0 4	
301 NW 84TH AVENUE PLANTATION FL 33324		P.O. BOX 16270 PLANTATION FL 33318-8270 US				
		05		3. Date Incorporated or Qualified 05/21/1993	3a. Date of Last Re 04/22/1996	eport
2. Principal FI 1	ace of Business	2a. Mailing Address		4. FEI Number		plied For
Suite Apt	#, etc	Suite, Apt. #, etc.		65-0419905	CO 7E .	t Applicabl
2		27		5. Certificate of Status Desired	Fee Re	
City & State	;	City & State		6. Election Campaign Financing	\$5.00	
3	Country	28	Country	Trust Fund Contribution	☐ Added t	
]	25	29	30	8. This corporation has liability for in Florida Statutes	ntangible tax under s. ∐Yes ∷∷No	199.032,
J	9. Name and Address of Curre	·	[05]	10. Name and Address of New Re		
KNK	GHT, JAY L		81 Name			
	NW 84TH AVENUE		82 Street Ad	Idress (P.O. Box Number is Not Acceptab	le)	
PLA	NTATION FL 33324					
			83			
			84 City	, , , , , , , , , , , , , , , , , , , ,	85 Zip C	Code
II Durananti	o the previous of Costons CO7 060	00 and 607 1500 Floride Ptatul	to the shown second as		FL s z p	
office or re	o the provisions of sections 607.050 egistered agent, or both, in the State	oz ano 607. 1506, Florida Statut e of Florida. Such change was :	es, the above-hamed co authorized by the corpor	orporation submits this statement for the p ration's board of directors. I hereby accep	urpose of changing its it the appointment as i	s registerei registered
agent Far	n familiar with land accept the oblig	gations of Section 607,0505, Fl	orida Statutes.			
SIGNATURE .						
4			L. Donislated Agent signature rea	a word when so antation!		
	Signature: typed or printed name of registered ag OFFICERS AN	***************************************	F: Registered Agent signature req	· · · · · · · · · · · · · · · · · · ·	DATE ERS AND DIRECTORS	S IN 12
12.		POT and first if applicable (NOT NO DIRECTORS DELETE	H: Registered Agent signature req	quired when reinstating) ADDITIONS/CHANGES TO OFFIC		S IN 12
2.	OFFICERS AN	ID DIRECTORS	13.	· · · · · · · · · · · · · · · · · · ·	ERS AND DIRECTORS	-
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FICER OR DIRECTORY L. KNIGHT