

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

FILED
May 19 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. McGrath Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P93000063253 (7)
 1. Corporation Name
PARKER-RALEIGH DEVELOPMENT XX, INC.

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| Principal Place of Business 801 N FRANKLIN STREET SUITE 2100 TAMPA FL 33602 | Mailing Address 201 N FRANKLIN STREET SUITE 2100 TAMPA FL 33602-5813 |
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|---|--|--|---|------------------------------------|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | 3. Date Incorporated or Qualified 09/10/1993 | 3a. Date of Last Report 03/13/1996 | 4. FEI Number 59-3204157 | Applied For <input type="checkbox"/> Not Applicable |
| | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| | | | | | |
|---|--|--|--|---|----------------|
| 9. Name and Address of Current Registered Agent EDWARDS, JOSEPH D 201 N FRANKLIN STREET SUITE 2100 TAMPA FL 33602 | | | | 10. Name and Address of New Registered Agent | |
| | | | | B1 Name | |
| | | | | B2 Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | B3 | |
| | | | | B4 City | FL B5 Zip Code |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: _____

Signature typed or printed name of registered agent and title if applicable (NOT Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|-------------------------------------|---|-----------------|
| TITLE VPT | NAME PARKER, JACK | 1.1 TITLE | 1.2 NAME |
| STREET ADDRESS 118 W. 57TH STREET | CITY-ST-ZIP NEW YORK NY | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP |
| TITLE VPAS | NAME MITCHELL, STEPHEN J. | 2.1 TITLE | 2.2 NAME |
| STREET ADDRESS 201 N FRANKLIN STREET SUITE 2100 | CITY-ST-ZIP TAMPA FL | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP |
| TITLE VAS | NAME BRADY, DAVID L. | 3.1 TITLE | 3.2 NAME |
| STREET ADDRESS 5500-103 ATLANTIC SPRINGS RD. | CITY-ST-ZIP RALEIGH NC | 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP |
| TITLE PSD | NAME GLICK, ADAM | 4.1 TITLE | 4.2 NAME |
| STREET ADDRESS 118 W 57TH STREET | CITY-ST-ZIP NY NY 10019 | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP |
| TITLE | NAME | 5.1 TITLE | 5.2 NAME |
| STREET ADDRESS | CITY-ST-ZIP | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP |
| TITLE | NAME | 6.1 TITLE | 6.2 NAME |
| STREET ADDRESS | CITY-ST-ZIP | 6.3 STREET ADDRESS | 6.4 CITY-ST-ZIP |

14. I do 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 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]* **Stephen J. Mitchell** 5-8-97 813-229-3321

CR2E034 (9/96)