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

PROFIT CORPORATION **ANNUAL REPORT**

NAME

STREET ADDRESS

Block 12 or Block 13 if o

nanged, or on



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # P93000063253 (7) PARKER-RALEIGH DEVELOPMENT XX, INC. Principal Place of Business Mailing Address 201 N FRANKLIN STREET 201 N FRANKLIN STREET SUITE 2100 **SUITE 2100** DO NOT WRITE IN THIS SPACE TAMPA FL 33802 **TAMPA FL 33602** 3. Date Incorporated or Qualified 09/10/1993 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-3204157 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name EDWARDS, JOSEPH D 201 N FRANKLIN STREET 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 2100** 63 TAMPA FL 33602 84 City 85 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, typed or printed name of registered agent and fille if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, 13. DELETE **VPT** Change TITLE 1.1 TITLE NAME PARKER, JACK 1.2 NAME STREET ADDRESS 118 W. 57TH STREET 1.3 STREET ADDRESS **NEW YORK NY** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE **VPAS** 21 TITLE NAME MITCHELL, STEPHEN J 2.2 NAME 201 N FRANKLIN STREET SUITE 2100 STREET ADDRESS 2.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE BRADY, DAVID L. NAME 3.2 NAME 5500-103 ATLANTIC SPRINGS RD. STREET ADDRESS 3 3 STREET ADDRESS RALEIGH NO CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE PSD 4.1 TITLE NAME **GLICK, ADAM** 4. 2 NAME STREET ADDRESS 118 W 57TH STREET 4.3 STREET ADDRESS NY NY 10019 CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change __ Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 20CITY-ST-ZIP 5.4 CITY - ST - ZIP **700002493046**change -04/20/38--01021--001 DELETE Addition TITLE 61 TITLE

62 NAME

yt with an address

6.3 STREET ADDRESS

6.4 CITY - ST-ZIP

FILED Apr 20 1998 8:00am Secretary of State

14. Thereby 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 porporation on the receive or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Adam Wilk Illolde Low me

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