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

**PROFIT CORPORATION ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # 1. Corporation Name P93000074603 (0)

## **FILED** Mar 03 1998 8:00am Secretary of State

PARK F	PLACE ESTATES DEVELO	OPERS, INC.					
Principal Place of Business Mailing Address						#1811 <b>6310)</b> 1111 1981	
1724 LONG BOW LANE 1724 LONG BOW LANE							
CLEARWATER FL 34624 CLEARWATER FL 34624					5.0 NOT WEITS W. T. (10.00 A. 05		
				DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified	}	
2. Principal Place of Business 2a. Mailing Address					10/18/1993 4. FEI Number	Applied For	
21		————	26		59-3209769	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			— \$8.75 Additional		
27		27			5. Certificate of Status Desired	Fee Required	
City & State		City & State	City & State		6. Election Campaign Financing \$	5.00 May Be	
23		28			Trust Fund Contribution	dded to Fees	
Zip 32.	76 4 25 Country	Zip	Count	ry	8. This corporation owes or has paid the current y		
24 35		29 <b>33764</b>	30		Personal Property Tax due June 30. Yes		
Name and Address of Current Registered Agent					10, Name and Address of New Registered Agent	·	
	ATESI, EMIL G			Name			
1253 PARK STREET			8	Street Address (P.O. Box Number is Not Acceptable)			
CLEARWATER FL 34616			8	3			
			8	4 City	FL 85	Zip Code 33756	
11 Pursuant to the provisions of Sections 607 0502 and 607 1508 Florida Statutes, the				ve-named c		ging its registered	
<ol> <li>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.</li> </ol>							
•	m lamillar with, and accept the of	aligations of, Section 607.0505, Fi	ionua Statut	es.			
SIGNATURE	Stonature, typed or printed name of registered	agont and title if applicable (NO	TE: Registered A	gent signature re	juired when reinstaling) DATE		
12.	OFFICERS	OFFICERS AND DIRECTORS 13.			ADDITIONS/CHANGES TO OFFICERS AND DIRE	CTORS IN 12	
TITLE	P	DELETE	1.1 TITLE	.	<b>Ext</b> c	hange Addition	
NAME	11011110011101111		1.2 NAM	E			
STREET ADDRESS	)		1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL	<del> </del>		- ST- ZIP	ADD 218 CODE 33764		
TITLE	8	☐ DELETE	2.1 TITLE	- 1	₽	hange	
NAME	142.11.120.1, 401.20.11		2.2 NAM	- 1			
STREET ADDRESS	1/24 LUNG DUN LANE 235		2.3 STRE	ET ADDRESS	Ab 7.4 A. 4 7 797 11		
CITY-ST-ZIP			2. 4 CITY		ADD ZIP CODE 33764	hanna Addition	
TITLE	•		3.1 TITLE		est v	hange 🔲 Addition	
NAME CYPEET ADDRESS			3.2 NAM				
STREET ADDRESS	OL MADULATING THE			ET ADDRESS	ADD ZIP CODE 33764		
CiTY-ST-ZIP TITLE			3.4. CITY 4.1 TITUS		700 011 COUP 33707	hange Addition	
NAME		4.2 N					
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			4.4 City	- 1			
TITLE	<del>_</del>	DELETE	5.1 TITLE			hange Addition	
NAME			5.2 NAM	E	<del>-</del>		
STREET ADDRESS			1	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY	i i			
TITLE		DELETE	6.1 TITLE		☐ CI	nange Addition	
NAME			6.2 NAM			ļ	
STREET ADDRESS			6.3 STRE	ET ADORESS			
CITY-ST-ZIP	<u> </u>	·	6.4 CITY	-ST-ZIP			

14. 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 tychanged, or on an attachment with an address.

(813)531-1601