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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

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DOCUMENT # P94000049110 (7)

PARK PL	LACE REAL ESTATE, INC.				
Principal Place	of Business	Mailing Address		F (E DIROUF AND NORA DIVIN VOIN VOIN VIII)	IXIN BODIN BIBIN KUNU KUNU 1881 BIDIN 1881
14023 W. COLONIAL DRIVE 14023 W. COLONIAL DRIVE WINTER GARDEN FL 34787 WINTER GARDEN FL 34787				,	
				3. Date Incorporated or Qualified 07/01/1994	3a. Date of Last Report 12/14/1995
2. Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3258448	Not Applicable \$8.75 Additional
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for i	
24	25	29	30	Florida Statutes	
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New R	egistered Agent
			81 Name		
	, LAUREL W II		82 Street Addr	ess (P.O. Box Number is Not Acceptab	le)
	IAL PALM CIRCLE		83		
WINDERN	IERE FL 34786				
			84 City		F1 85 Zip Code
or registers	ad accept, or both, in the State of Florid	a. Such change was authorize	s, the above-named corpor d by the corporation's boar	ation submits this statement for the pur of directors. I hereby accept the appo	nose of changing its registered office
SIGNATURE _	h, and accept the obligations of Sections		£: Rogistereo Agent signature recjoire	d when reinstating"	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF	
TITLE	DPT	☐ DELETÉ	1. 1 TITLE		Change Addition
NAME	BECKETT, LAUREL W		1.2 NAME		
STREET ADDRESS	9158 SABAL PALM CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	WINDERMERE FL 34786		1.4 CHY-ST-ZIP		
TITLE	VS	□ DELETE	2. 1 TITLE		Change Addition
NAME	BECKETT, WILLIAM W		2.2 NAME		i
STREET ADDRESS	9158 SABAL PALM CIRCLE		2.3 STREET ADDRESS		
CITY-ST-ZIP	WINDERMERE FL 34786	EJ DELEJE	2.4 CITY - ST - ZIP		Change Addition
TITLE		☐ DELE1E	3. 1 TITLE 3.2 NAME		LI Ontange LI Routtoff
NAME OVERT ADORESC			3.2 NAME 3.3 STREET ADDRESS		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-2IP		DELETE	4 1 TITLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - \$1 - 2IP		
TITLE		DELETE	5. 1 TITLE		Change Addition
NAME			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-2IP			5 4 CITY - ST - ZIP		
TITLE		☐ DELETE	6. 1 TITLE		Change Addition
NAME			6 2 NAME		
STREE1 ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	and the Alice Section of the Section	uit, this flips is reliestable	64 CITY-ST-ZIP	for the exemption stated in Section 119	07/31/k) Florida Statutes I further

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR