FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P95000021030 (8)

1. Corporation Name
PARK LANE SHOWERS INC.

Principal Place of Business	Mailing Address
3775 PICADILLY ST. HOLLYWOOD FL 33021	3775 PICADILLY ST. HOLLYWOOD FL 33021

3. Date Incorporated or Qualified: 03/15/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 200 LESLIE DR	26 200 LESLIE DR
Suite, Apt. #, etc: 22 APT 510	Suite, Apt. #, etc: 27 APT 510
City & State: 23 HALLANDALE FL.	City & State: 28 HALLANDALE FL.
Zip: 24 33009 / Country: 25	Zip: 29 33009 / Country: 30

4. FEI Number: 65-0581247 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: LAWRENCE P. SIMMONS
82 Street Address (P.O. Box Number is Not Acceptable): 200 LESLIE DR
83 APT 510
84 City: HALLANDALE FL 85 Zip Code: 33009

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] LAWRENCE P SIMMONS PRES — DATE 5-30-96

Signature, typed or printed name of new registered agent and title if applicable (NOTE: Registered Agent signature required when reg. change)

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	SIMMONS, LAWRENCE P	
STREET ADDRESS	3775 PICADILLY ST.	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☑ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	200 LESLIE DR APT 510	
1.4 CITY-ST-ZIP	HALLANDALE FL 33009	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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6-19-96

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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] LAWRENCE P SIMMONS (PRES) — 5-3-96 — 954 454 7180

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #