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 # P95000048989 (4)

1. Corporation Name

PARK PLACE PLAZA, INC.

Principal Place of Business
140 W MONROE ST
JACKSONVILLE FL 32202

Mailing Address
140 W MONROE ST
JACKSONVILLE FL 32202

2. Principal Place of Business: 21 ___ Suite, Apt. #, etc. 22 ___ City & State 23 ___ Zip 24 ___ Country 25 ___

2a. Mailing Address: 26 ___ Suite, Apt. #, etc. 27 ___ City & State 28 ___ Zip 29 ___ Country 30 ___

3. Date Incorporated or Qualified: 06/19/1995

3a. Date of Last Report:

4. FEI Number: # 59-3363849 ☐ 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

BARNES, JOSIAH
140 W MONROE ST
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name: JAMES WILLIAMS
82 Street Address (P.O. Box Number is Not Acceptable): 140 W. MONROE ST.
83 JACKSONVILLE, FL 32202
84 City: FL 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] DATE 5/23/96

12. OFFICERS AND DIRECTORS

TITLE	PD	☑ DELETE
NAME	BARNES, JOSIAH	
STREET ADDRESS	140 W MONROE ST	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	D	☑ DELETE
NAME	PETRIE, MARTIN	
STREET ADDRESS	140 W MONROE ST	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	D	☑ DELETE
NAME	MUYERS, DAVID	
STREET ADDRESS	140 W MONROE ST	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
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	PRESIDENT	☒ Change ☒ Addition
1.2 NAME	CHARLES L. GAUDRY, JR.	
1.3 STREET ADDRESS	140 W. MONROE ST.	
1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32202	
2.1 TITLE	VICE-PRES.	☒ Change ☑ Addition
2.2 NAME	JAMES B. WILLIAMS	
2.3 STREET ADDRESS	140 W. MONROE ST.	
2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32202	
3.1 TITLE	VICE-PRES.	☐ Change ☐ Addition
3.2 NAME	MARTIN PETRIE	
3.3 STREET ADDRESS	140 W. MONROE ST.	
3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32202	
4.1 TITLE	500001840875	☐ Change ☐ Addition
4.2 NAME	-05/28/96--01034--044	
4.3 STREET ADDRESS	***200.00	
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS	5/1/96	
5.4 CITY-ST-ZIP		
6.1 TITLE	CR	☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/25/96 Daytime Phone #: 904 3588804