

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000048989

1. Corporation Name
PARK PLACE PLAZA, INC.

Principal Place of Business
140 W MONROE ST
JACKSONVILLE FL 32202
US

Mailing Address

10518 FT GEORGE RD
JACKSONVILLE FL 32226

2. Principal Place of Business

2a. Mailing Address

21 26

Suite, Apt. #, etc.

22 27

City & State

23 28

City & State

24 25 29 30

Zip Country Zip Country

9. Name and Address of Current Registered Agent

GAUDRY, CHARLES L JR
10518 FT GEORGE RD
JACKSONVILLE FL 32226

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAUDRY, CHARLES L JR		1.2 NAME
STREET ADDRESS	10518 FT GEORGE RD		1.3 STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE FL 32226		1.4 CITY-ST-ZIP
TITLE	DV	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNIGHT, ROBERT M		2.2 NAME
STREET ADDRESS	10518 FT GEORGE RD		2.3 STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE FL 32226		2.4 CITY-ST-ZIP
TITLE	DV	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN WINKEL, ROBERT		3.2 NAME
STREET ADDRESS	10518 FT GEORGE RD		3.3 STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE FL 32226		3.4 CITY-ST-ZIP
TITLE	DV	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUYRES, DAVID J		4.2 NAME
STREET ADDRESS	10518 FT GEORGE RD		4.3 STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE FL 32226		4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:


DAVID MUYRES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90008 046 ***150.00

0046730



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/19/1995

4. FEI Number

59-3363849

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. Yes No

CR2E034 (11/98)