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

PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000051854 (4)

PARKE PLACE COMPUTERS, INC.

Mailing Address Principal Place of Business 1129 APALACHEE PARKWAY 1129 APALACHEE PARKWAY TALLAHSSEE FL 32301-4541 TALLAHASSEE FL 82301 3a. Date of Last Report 3. Date Incorporated or Qualified 07/05/1995 07/03/1996 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 26 65-0606850 Sulte, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip Country Ζip 8. This corporation has liability for intangible tax under s. 199.032. Yes No 30 Florida Statutes 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent PARKE, EUGENE F 1129 APALACHEE PARKWAY 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHSSEE FL 32301 83 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 heard 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, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE TITLE 1.1 THEF NAME PARKE, EUGENE F 1.2 NAME 1.3 STREET ADDRESS 4161 NW 2ND ST. STREET ADDRESS **DELRAY BEACH FL 33445** 14 CPY- ST- 7P CITY-ST-ZIP Change Addition DELETE 2.1 THUE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY - \$1 - 7IP Change Addition DELETE TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - \$1 - 7IP Change Addition | DELETE 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS

14. I do 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 early; 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 attactorient with an address.

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

5.1 TITLE 5.2 NAME

6.1 THLE

6.2 NAME

CITY-ST-ZIP

CITY-ST-ZIP

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

TOWARD DOWN

DELETE

DELETE

1/. / 42 C7 OAK 200 2.5

Change

Change

Addition

Addition

FILED

Jun 25 1997 8:00am

Secretary of State