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

PROFIT **CORPORATION ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9500056091 (8)

PARK PLACE SALES, INC.



97 AUG 28 /M IO: 37

SECRETARY OF STATE TALLAHASSEE FLORIDA



Principal Place of Business Mailing Address							
9805 U.S. HIG SEBASTIAN FI	HWAY 1	9805 U.S. HIGHW SEBASTIAN FL 32					
					3. Date Incorporated or Qualified 07/20/1995	3a. Date of Last Report 08/08/1996	
2. Principal P	lace of Business	2a. Mailing Addre	988		4. FE) Number APPLIED FOR 59-03	816 182 Applied For Not Applicable	
Sulte, Apt.	#, etc.	Suite Apt#,	elc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	е	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country		Zip	· ·		8. This corporation has liability for intangible tax under s. 199.032,		
24	25 29 29 29 S. Name and Address of Current Regis		stered Agent		Florida Statutes Yes No 10. Name and Address of New Registered Agent		
LIVI	ATT, NELSON C	ont ricgistored Agent		81 Name	TO. Harrie and Address of New May	Jistorou Agont	
	5 U.S. HWY. #1			82 Street Add	dress (P.O. Box Number is Not Acceptab	30)	
	BASTIAN FL 32958		į	93			
				83			
				84 City		FL 85 Zip Code	
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Station familiar with, and accept the obli-	te of Florida. Such chanc	ie was authorized	by the corpora	poration submits this statement for the p ation's board of directors. I hereby accep	urpose of changing its registered	
SIGNATURE					·		
12.	Signature, typied or printed name of registercola CELECTIVE AL	gert and title if spyticable	(NOT) Registered	Agent signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTORS IN 12	
TITLE	PTD	DEL	· Commence of the commence of	E	1001110110101011110101110	Change Addition	
NAME	HYATT, NELSON C		1.2 NAI	AE .		• —	
STREET ADDRESS	8725 LAKESIDE BLVD UNIT :	311	1.3 \$76	EET ADDRESS			
CITY-ST-ZIP	VERO BEACH FL 32963		1.4 C/T	Y-ST-ZIP			
TITLE	SD	DEI	FTE 2.1 TIT	E		Change Addition	
NAME	HYATT, DAVID M		2.2 NAI	AE .			
STREET ADDRESS	9605 US HIGHWAY 1		2.3 STF	EET ADDRESS			
CITY-ST-ZIP	SEBASTIAN FL 32958			Y-ST-ZIP			
TITLE	VD	☐ DE C		1		Change Addition	
NAME	HYATT, DARRYL C		3.2 NAI	AE .			
STREET ADDRESS	430 10TH PLACE SW		-	EET AODRESS			
CHY+ST-ZIP TITLE	VERO BEACH FL 32962 VD			Y-SI-ZiP		Change Addition	
NAME I	HYATT, MARIE D	00	1	}	والمالي والمالي والمالي والمالي والمالي والمالي		
	8725 LAKESIDE BLVD UNIT	911	4. 2 NA		3000062 -00/207	(1510.515.515.615) 1701122002	
STREET ADORESS	VERO BEACH FL 32963	011		EET ADDRESS	=UO7.207 ####1€	2803636 9701123003 5.00 ****165.00	
CITY-ST-ZIP TITLE	TENO DENOTITE SESSO	DEI		r-ST-7IP	*****10	☐ Change ☐ Addition	
NAME		0.,	5.2 NA			C Sumage C Madition	
STREET ADDRESS				ee1 address			
CITY-\$1-ZIP				r-ST-ZIP			
TITLE		☐ DEL				Change Addition	
NAME			6.2 NAI			4.7	
STREET ADDRESS			•	EET ADDRESS		7DL)	
CITY-ST-ZIP				r- \$1- ZIP		W	

14. I do hereby certify that the information supplied with this filling 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 exporation or the receiver or trustee empowered to execute this apport as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 in the great or on an attachment with an address.