05-24-1999 90022 048 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000056091

1. Corporation Name

PARK P	LACE SALES, INC.					
					1 1881 1881 180 1810 1811 1811 1811 181	
	•	6.				
Principal Place of Business Mailing Address					# 10011001 top 10161 011() OP(() GRICL ADIC) ADIC) AND ONLY SOME NAME OF THE PROPERTY OF THE P	.1 1007
1005 WEST LAKEVIEW DRIVE 1005 WEST LAKEVIEW DRIVE SEBASTIAN FL 32958 SEBASTIAN FL 32958 US			Ē		DO NOT WRITE IN THIS SPACE	
03					3. Date Incorporated or Qualifed	
					07/20/1995	1
Principal Place of Business 2a. Mailing Address					4. FEI Number Applied F	or
21 26					59-0816182 Not Appli	cable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Addition	- 1
22 27					5. Certificate of Status Desired Fee Required	
City & State City & State					6. Election Campaign Financing \$5.00 May B	e
23 28				Trust Fund Contribution Added to Fees	<u>; </u>	
Zip	Country Zip Cou		Country	,	8. This corporation owes the current year Intangible	
24	25 29 30		0		Personal Property Tax. Yes No	
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered Agent	
1074	TT NELCON C		81	Name		
HYATT, NELSON C				Street Add	dress (P.O. Box Number is Not Acceptable)	$\neg \neg$
1005 WEST LAKEVIEW DRIVE						
SEBASTIAN FL 32958			83			
				City	85 Zip Code	
				1	FL 63 219 code	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	s, the abov	e-named corp	rporation submits this statement for the purpose of changing its registe tion's board of directors. I hereby accept the appointment as registere	ered d
agent. I a	nm familiar with, and accept the obligat	tions of, Section 607.0505, Florid	la Statutes	i	none pour de distribuir de la presentation de la pr	
SIGNATURE						_ \
Digitatine, types of printed frame of taglorers and appropriate				nt signature requir	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12
12.		D DIRECTORS	13.			Addition
TITLE	PTD NELCON C		12 NAME			
NAME	THAT, NEEDON O			T ADDRESS		- 1
STREET ADDRESS	••• •• • • • • • • • • • • • • • • •	1				Ì
CITY-ST-ZIP	72.10 00.10777 2 00000		1.4 CITY-5 2.1 TITLE	1-212	☐ Change ☐ A	Addition
TITLE	-		2.7 NAME	-		\
NAME	THAT I DATE III			T ADDRESS		
STREET ADDRESS						
CITY-ST-ZIP TITLE			2. 4 CITY-1	οι·ΔF	☐ Change	Addition
NAME	יין .		3.2 NAME			
			1	T ADDRESS		
STREET ADDRESS	144 11111 = 111		3.5 STREE			
CITY-ST-ZIP TITLE			4.1 TITLE		Change .	Addition
NAME	HYATT, MARIE D		4.2 NAME		•	
				T ADDRESS		
	\mag PE : 011 = 1 00000		4.3 STREE			
CITY-ST-ZIP	VERU DEMON PL 32903	☐ DELETE	5.1 TITLE	11-41	☐ Change ☐ /	Addition
	İ		5.2 NAME		_ , _	
NAME STREET ADDRESS				T ADDRESS		

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 exporation 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 chapters, or on an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ Addition

☐ Change