**FILED** 

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90146 045 \*\*\*150.00

Mailing Address



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000075018

1. Corporation Name

Principal Place of Business

PARKLAND PRESTIGE PROPERTIES, INC. II

212 NW 4TH AVE BOCA RATON FL 33432 US		212 NW 4TH AVE BOCA RATON FL 33432 US			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed
		La Marie Address			09/28/1995 4. FEI Number Applied For
_ ′	lace of Business	2a. Mailing Address			· •
21		26			00 00 1000L
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired
22		27			
City & State	e	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
23			Country		
Zip			¬ ´	,	8. This corporation owes the current year Intangible Personal Property Tax Yes No
24	25	<u> </u>			1 Groothart Teperity Fasti
	9. Name and Address of Curre	nt Registered Agent	81	l Nio	10. Name and Address of New Registered Agent Name
EOD	MAN, ROBERT S ESQUIRE		"	Na	Name
	W COMMERCIAL BLVD		82 S		Street Address (P.O. Box Number is Not Acceptable)
	E 4100		83		
FT L	AUDERDALE FL 33309		_	L.	an Tin Code
			84	Cit	City 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 age	<u> </u>		nt signa	ignature required when reinstating)  DATE  DATE
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
TITLE	D BIGUIDAGO BAST	U DELETE	1.1 TITLE		
NAME	RICHARDSON, BART		1.2 NAME		Berton P. Richardson
STREET ADDRESS	5921 NW 74 PL		1.3 STREE	TADDR	
CITY-ST-ZIP	PARKLAND FL 33067		1.4 CITY- S	ST-ZIP	Becc Raton, F1 33432
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREE	TADDR	DORESS
CITY-ST-ZIP			2. 4 CITY-5	ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		,
STREET ADDRESS			3.3 STREE	T ADDF	DDRESS
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS	TREET ADDRESS		4.3 STREE	T ADDF	DORESS
CITY-ST-ZIP			4.4 CITY-S	ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREE	TADDR	XORESS
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	.αP
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		_
STREET ADDRESS			6.3 STREE	T ADDF	DORESS

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.

6.4 CITY-ST-ZIP

SIGNATURE:

FFICEN OR DIRECTOR