

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

FILED
Feb 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000035153 (0)**

1. Corporation Name

PARK PLACE CENTER, CORP.



Principal Place of Business 1489 W. PALMETTO PARK ROAD SUITE 485 BOCA RATON FL 33486	Mailing Address 1489 W. PALMETTO PARK ROAD SUITE 485 BOCA RATON FL 33486
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/17/1997	
4. FEI Number 65-0752281	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 2717 W Cypress Creek Rd Suite, Apt. #, etc. 22 Suite 800 City & State 23 Ft Lauderdale, Florida Zip 24 33309	2a. Mailing Address 26 2717 W Cypress Creek Rd Suite, Apt. #, etc. 27 Suite 800 City & State 28 Ft Lauderdale, Florida Zip 29 33309	Country 25 USA 30 USA
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CANTOR, SAMUEL J
1489 W. PALMETTO PARK ROAD
SUITE 485
BOCA RATON FL 33486**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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 D	<input type="checkbox"/> DELETE	1.1 TITLE XX Change <input type="checkbox"/> Addition	
NAME PARKER, DAVID L		1.2 NAME	
STREET ADDRESS 1489 W. PALMETTO PARK ROAD, SUITE 485		1.3 STREET ADDRESS 2717 W. Cypress Creek Rd.	
CITY-ST-ZIP BOCA RATON FL 33486		1.4 CITY-ST-ZIP Ft. Lauderdale, Florida 33309	
TITLE D	<input checked="" type="checkbox"/> DELETE XXX	2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition XXX	
NAME CANTOR, SAMUEL J		2.2 NAME Debra Parker	
STREET ADDRESS 1489 W. PALMETTO PARK ROAD, SUITE 485		2.3 STREET ADDRESS 2717 W. Cypress Creek Rd.	
CITY-ST-ZIP BOCA RATON FL 33486		2.4 CITY-ST-ZIP Ft. Lauderdale, Florida 33309	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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.

CR2E034 (10/97)