


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

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90034 038 ***158.75

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
| DOCUMENT # P97000098705 (1) | |
| 1. Corporation Name PARCLAND GP, INC. | |

| | |
|---|---|
| Principal Place of Business C/O THE GOODMAN COMPANY 777 S FLAGLER DRIVE WEST PALM BEACH FL 33401 | Mailing Address C/O THE GOODMAN COMPANY 777 S FLAGLER DRIVE WEST PALM BEACH FL 33401 |
|---|---|



DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|--|--|--|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. SUITE 1101E 22 City & State 23 Zip 24 Country | | 2a. Mailing Address 25 Suite, Apt. #, etc. SUITE 1101E 26 City & State 27 Zip 28 Country | | 3. Date Incorporated or Qualified 11/19/1997 | |
| 4. FEI Number 65-0806331 | | Applied For Not Applicable | | 5. Certificate of Status Desired <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |

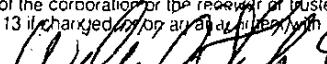
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|---|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent WILLIAM A. SHEWALTER 777 S. Flagler Drive, Suite 1101E West Palm Beach, FL 33401 | | | | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

| | | | |
|----------------------------|--|---|--|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GOODMAN, MURRAY H | 1.2 NAME | |
| STREET ADDRESS | C/O THE GOODMAN COMPANY, 777 S FLAGLER DR | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33401 | 1.4 CITY-ST-ZIP | |
| TITLE | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Garry L. Witt | 2.2 NAME | Lawrence A. Silvestri |
| STREET ADDRESS | 777 S. Flagler Dr., Ste. 1101E | 2.3 STREET ADDRESS | 777 S. Flagler Dr., Suite 1101E |
| CITY-ST-ZIP | West Palm Beach, FL 33401 | 2.4 CITY-ST-ZIP | West Palm Beach, FL 33401 |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Vice President/Treasurer | 3.2 NAME | |
| STREET ADDRESS | William A. Shewalter | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | 777 S. Flagler Dr., Ste. 1101E | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Secretary | 4.2 NAME | |
| STREET ADDRESS | Minnie S. Geist | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | 777 S. Flagler Dr., Suite 1101E | 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 charged for or appointed with an address.

SIGNATURE:  4-27-98 William A. Shewalter, V.P./Treasurer (561)833-3777

CR2E034 (10/97)