


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

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90009 028 ***150.00

0323846

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000017972			
1. Corporation Name PARK AVENUE TERRACE, INC.			
Principal Place of Business 1008 FRANCIS STREET WEST PALM BEACH FL 33405		Mailing Address 1008 FRANCIS STREET WEST PALM BEACH FL 33405	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
9. Name and Address of Current Registered Agent MILLS, BARBARA J 1344 THE PIONTE DRIVE WEST PALM BEACH FL 33409		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1008 Francis Street 83 84 City West Palm Beach FL 85 Zip Code 33405	
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 X Barbara Mills		DATE	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME MILLS, BARBARA J STREET ADDRESS 1344 THE PIONTE DRIVE CITY-ST-ZIP WEST PALM BEACH FL 33405		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1008 Francis Street 1.4 CITY-ST-ZIP West Palm Beach FL 33405	
TITLE D NAME BENNETT, JOSEPH N STREET ADDRESS 1344 THE PIONTE DRIVE CITY-ST-ZIP WEST PALM BEACH FL 33405		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 1008 Francis Street 2.4 CITY-ST-ZIP West Palm Beach FL 33405	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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, with all other like empowered.

SIGNATURE: Barbara Mills REQUIRED

2/1/99

Daytime Phone #

CR2E034 (1/1/98)