

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 19, 1999 8:00 am  
Secretary of State

04-19-1999 90002 048 \*\*\*150.00

DOCUMENT # P98000033262

1. Corporation Name

PARKLAND DEVELOPMENT COMPANY

Principal Place of Business

350 ROYAL POINCIANA PLAZA, SUITE 3C  
PALM BEACH FL 33480

Mailing Address

350 ROYAL POINCIANA PLAZA, SUITE 3C  
PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/06/1998

4. FEI Number

65-0831890

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 340 Royal Poinciana Way

Suite, Apt. #, etc.

22 Suite 3C

City & State

23 Palm Beach FL

Zip

24 33480

Country

25 USA

2a. Mailing Address

26 340 Royal Poinciana Way

Suite, Apt. #, etc.

27 Suite 3C

City & State

28 Palm Beach FL

Zip

29 33480

Country

30 USA

9. Name and Address of Current Registered Agent

KOZOKOFF, NEIL J

350 ROYAL POINCIANA PLAZA, SUITE 3C  
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

81 Name

NEIL J. KOZOKOFF 40 Parkland  
CORPORATION

82 Street Address (P.O. Box Number is Not Acceptable)

340 Royal Poinciana Way

83

Suite 3C

84 City

Palm Beach

85 State

FL

86 Zip Code

33480

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

4/12/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME KOZOKOFF, NEIL J  
STREET ADDRESS 350 ROYAL POINCIANA PLAZA, SUITE 3C  
CITY-ST-ZIP PALM BEACH FL 33480

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME DPST  
1.3 STREET ADDRESS NEIL J. KOZOKOFF  
1.4 CITY-ST-ZIP 340 Royal Poinciana Way, Suite 3C  
Palm Beach, FL 33480

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
BY: NEIL J. KOZOKOFF

Date

Daytime Phone #

4/12/99 561-802-3823

CR2E034 (11/98)

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