

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  
May 19, 1999 8:00 am  
Secretary of State

05-19-1999 90024 001 \*2,100.00

DOCUMENT # P98000038732

1. Corporation Name

PARK PLACE EXPRESS CORP.



Principal Place of Business

10261 WEST BROWARD BLVD.  
PLANTATION FL 33324

Mailing Address

10261 WEST BROWARD BLVD.  
PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/29/1998

4. FEI Number

650835233

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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 2211 N. Citrus Blvd.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

Leesburg FL.

28 City & State

29 City & State

24 Zip

34748

25 Country

US.

29 Zip

30 Country

9. Name and Address of Current Registered Agent

COSTELLO, JAMES J JR.  
10261 WEST BROWARD BLVD.  
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME COSTELLO, JAMES J JR.  
STREET ADDRESS 10261 WEST BROWARD BLVD.  
CITY-ST-ZIP PLANTATION FL 33324

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

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 DP James J. Costello Jr

1.3 STREET ADDRESS 700 NW 100 TH

1.4 CITY-ST-ZIP PLANTATION, FL 33324

2.1 TITLE DV ☐ Change ☒ Addition

2.2 NAME Kevin C. Cook

2.3 STREET ADDRESS 13030 NW 3 ST

2.4 CITY-ST-ZIP PLANTATION FL 33325

3.1 TITLE DT ☐ Change ☒ Addition

3.2 NAME Terrel M. Miller

3.3 STREET ADDRESS 9830 SW 15 DR.

3.4 CITY-ST-ZIP DAVIDE FL 33324

4.1 TITLE DS ☐ Change ☒ Addition

4.2 NAME James J. Costello SR

4.3 STREET ADDRESS 6801 NW 6 CT.

4.4 CITY-ST-ZIP PLANTATION, FL 33317

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/99 9544239030

CR2E034 (1/198)

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