FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

S00204

(5)

DOCUMENT #
1. Corporation Name PARK CENTER PLACE, INC.

Principal Place of Business Mailing Address						
301 NW 84 AVE PLANTATION FL 33324		P.O. BOX 16270 PLANTATION FL 33318-6270 US				
	US			3. Date incorporated or Qualified 09/11/1990		of Last Report /03/1995
2. Principal Place of Business	2a. Mailing Address	ła. Mailing Address		4. FEI Number		Applied For
21	26			65-0223933		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27		÷.		5. Certificate of Status Desired		\$8.75 Additional Fee Required
22	Orty & State	City & State		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip Country 24 25	Ζ(ρ)	Coun 30	itry	8. This corporation has liability fer in Florida Statutes Yes		under s. 199.032,
g. Name and Address of Curre				10. Name and Address of New R	egistered A	gent
			81 Name			
KNIGHT, JAY L. 301 NW 84 AVE PLANTATION FL 33324			82 Street Address (P.O. Box Number is Not Acceptable)			
			83		·	
	84 City		FL	85 Zip Code		
Pursuant to the provisions of Sections 607.050 or registered agent, or both, in the State of Flofamiliar with, and accept the obligations of. SectionATLIGE.	rda. Such change was auth	horized by the co	e-named corporation's bo	oration submits this statement for the pur ard of directors. I hereby accept the app	rpose of char ointment as r	iging its registered office egistered agent. I am

SIGNATURE	lignatine, typed or pointed name of registered agent and fill	a Caminatio (NOT	Fr Flacostened Agent signal ire required	when resestation DATE	
12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELĒT€	1 1 TITLE	Change Addition	
NAME	KNIGHT, JAY L.		1.2 NAME		
STREET ADDRESS	301 NW 84 AVENUE		1.3 STREET ACORESS		
CITY-ST-ZIP	PLANTATION FL		1.4 CITY - ST - ZIP		
TITLE	D	DELE TE	2 1 TITLE	☐ Change ☐ Add·tion	
NAME	MAY, GEORGE I.		2.2 NAME		
STREET ADDRESS	301 NW 84 AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL		2.4 CITY + ST - 7 iP		
TITLE	D	DELETE	3 1 TITLE	Change Addition	
NAME	May, Martin M.		3.2 NAME		
STREET ADDRESS	301 NW 84 AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL		3.4 C(1 Y - S1 - 2)P		
TITLE	D	☐ DELETE	4. 1 TITLE	Change Addition	
NAME	LAZAR, ALAN M.		4.2 NAME		
STREET ADDRESS	301 NW 84 AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL		44 CITY - ST - Z.P		
TITLE	D	☐ DELFTE	5 1 THLE	Change Addition	
NAME	RUSH, JOEL L.		5.2 NAME		
STREET ADDRESS	301 NW 84 AVE.		5 3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL		5 4 CiTY - ST - ZIP		
TITLE	D	☐ DELETE	6 1 TITLE	Change Addition	
NAME	HALE, MARTIN E.		6.2 NAME		
STREET ADDRESS	301 NW 84 AVE.		6.3 STREET ADDRESS		

CHY-ST-ZIP

TLANIAIUN FL

14. If do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k), Florida Statutes. I further certify that the information indicated on this equilal 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 corplication or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Glock 12 or Block 13 if changed, or an attachment with an address. CHTY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

415-4500

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CR2E034 (12/95)