

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 20 1998 8:00am  
Secretary of State

DOCUMENT # **S31546** (2)

1. Corporation Name

**PARKER-LINCOLN COMMERCIAL REALTY, INC.**



Principal Place of Business

Mailing Address

**201 N. FRANKLIN STREET  
SUITE 2100  
TAMPA FL 33602**

**201 N. FRANKLIN STREET  
SUITE 2100  
TAMPA FL 33602**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip Country

Zip Country

24

25

29

30

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MITCHELL, STEPHEN J.  
201 N. FRANKLIN STREET, SUITE 2100  
SUITE 2100  
TAMPA FL 33602**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VPT	<input type="checkbox"/> DELETE
NAME	PARKER, JACK	
STREET ADDRESS	118 W. 57TH STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	PSD	<input type="checkbox"/> DELETE
NAME	GLICK, ADAM	
STREET ADDRESS	118 W. 57TH STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	MITCHELL, STEPHEN J.	
STREET ADDRESS	201 N FRANKLIN ST #2100	
CITY-ST-ZIP	TAMPA FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BRADY, DAVID	
STREET ADDRESS	5500-103 ATLANTIC SPRINGS RD	
CITY-ST-ZIP	RALEIGH NC	
TITLE	V	<input type="checkbox"/> DELETE
NAME	URBEN, DAVID A.	
STREET ADDRESS	5500-103 ATLANTIC SPRINGS RD.	
CITY-ST-ZIP	RALEIGH NC	
TITLE	AVP	<input type="checkbox"/> DELETE
NAME	GORDON, JULIUS	
STREET ADDRESS	118 W. 57TH STREET	
CITY-ST-ZIP	NEW YORK NY	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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JR

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.

CR2E034 (10/97)