

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # S65166 (8)
1. Corporation Name
PARKLAND ASSOCIATES, INC.



Principal Place of Business Mailing Address
~~1404 NORTH LAKESHORE DRIVE~~
~~SARASOTA FL 34231~~
4404 NORTH LAKESHORE DRIVE
SARASOTA FL 34231
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 5440 EAGLES PT. CIR.		26 5440 EAGLES PT. CIR.		07/10/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 4403		27 4403		65-0275741	
City & State		City & State		5. Certificate of Status Desired	
23 SARASOTA, FL		28 SARASOTA, FL		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24 34231		29 34231		Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		7. This corporation owes or has paid the current year Intangible	
25 USA		30 USA		Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

8. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BRAAM, JOHN 1404 NORTH LAKESHORE DRIVE SARASOTA FL 34231				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				5440 EAGLES PT. CIRCLE			
				83 # 403			
				84 City SARASOTA FL 85 Zip Code 34231			

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 JOHN BRAAM, PRES DATE 4/13/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BRAAM, JOHN			1.2 NAME	B BRAAM, JOHN		
STREET ADDRESS	1404 NORTH LAKESHORE DR.			1.3 STREET ADDRESS	5440 EAGLES PT. CIRCLE #403		
CITY-ST-ZIP	SARASOTA FL			1.4 CITY-ST-ZIP	SARASOTA, FL 34231		
TITLE	VP	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	EVE BRAAM-HOWES			2.2 NAME	EVE BRAAM-HOWES		
STREET ADDRESS	1404 NORTH LAKESHORE DR.			2.3 STREET ADDRESS	5440 EAGLES PT. CIR. # 104		
CITY-ST-ZIP	SARASOTA FL			2.4 CITY-ST-ZIP	SARASOTA, FL 34231		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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.

SIGNATURE JOHN BRAAM DATE 4/10/98 (941) 925-2299

CR2E034 (10/97)