

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

FILED  
May 12 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V45162** (7)  
1. Corporation Name  
**PARK CENTER PLAZA, INC.**



Principal Place of Business <b>C/O WOLPERT &amp; KAUFMAN, P.A. 9200 S. DADELAND BLVD., STE. 614 MIAMI FL 33156 US</b>	Mailing Address <b>C/O WOLPERT &amp; KAUFMAN, P.A. 9200 S. DADELAND BLVD., STE. 614 MIAMI FL 33156 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>06/22/1992</b>	4. FEI Number <b>65-0346139</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>\$8.75 Additional Fee Required</b> <b>\$5.00 May Be Added to Fees</b>

8. Name and Address of Current Registered Agent

**ALHAMBRA REGISTERED AGENTS, INC.  
TWO ALHAMBRA PLAZA, STE. 1202  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			<b>FL</b>	

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 in printed letters of registered agent (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>D, P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MARCUS, STEWART</b>	1.2 NAME	<b>EUGENE M. ERWIN</b>
STREET ADDRESS	<b>2121 PONCE DE LEON BLVD</b>	1.3 STREET ADDRESS	<b>4915 RIVERVIEW ROAD, N.W.</b>
CITY - ST - ZIP	<b>CORAL GABLES FL</b>	1.4 CITY - ST - ZIP	<b>ATLANTA, GA 30327</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>D, S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BOGGIO, LLOYD J</b>	2.2 NAME	<b>ROBERT B. LEVINE</b>
STREET ADDRESS	<b>2121 PONCE DE LEON BLVD</b>	2.3 STREET ADDRESS	<b>565 FIFTH AVENUE</b>
CITY - ST - ZIP	<b>CORAL GABLES FL</b>	2.4 CITY - ST - ZIP	<b>NEW YORK, NY 10017-5319</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>FRANK BOMBELCK</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>4350 W. CYPRESS STREET, SUITE 250</b>
CITY - ST - ZIP		3.4 CITY - ST - ZIP	<b>TAMPA, FL 33607</b>
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: *Eugene M. Erwin* PRESIDENT - FEB 19 1998 (813) 685-7443

CR2E034 (10/97)