

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

CORPORATION,
ANNUAL REPORT

1995



FLORIDA DEPARTMENT OF STATE

Secretary of State

Department of State

1000 North West First Street, Room 1000

DOCUMENT # **V45492**

(8)

RECEIVED MAY 17 1995

PARKLAND PRESTIGE PROPERTIES, INC.

RECEIVED MAY 17 1995

6280 N.W. 77TH CT.
PARKLAND FL 33067
US

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PARKLAND FL 33067
US

3. Date for report of ownership	3a. Date of last report
06/22/1992	04/29/1994
4. FFL Number	Applied For Not Applicable
65-0341694	
5. Certificate of Status (Fee \$8.75)	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
6. Filing requirements for ownership and management with company or individual Florida Statutes	☐ Yes ☒ No

2. Principal Office (City, State, and Zip)	2a. Mailing Address (City, State, and Zip)
21 212 NW 4TH Ave State, Apt # etc	26 212 NW 4TH Ave State, Apt # etc
22 City, State, and Zip	27 City, State, and Zip
23 Boca Raton FL	28 Boca Raton FL
24 33432 25 USA	29 33432 30 USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FORMAN, ROBERT S 200 E. LAS OLAS BLVD. SUITE 1400 FT. LAUDERDALE FL 33301	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 2101 W. Commercial #4100 84 City Ft Lauderdale FL 85 Zip Code 33309
11. I, the undersigned, certify that the provisions of Sections 607.0102, and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office in accordance with the provisions of the Florida Statutes. Such change was authorized by the corporation's board of directors, if hereby, except the appointment of registered agent, I am the registered agent of the corporation.	
SIGNATURE: <i>Barth</i> 4/24/95	

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
1. NAME 2. STREET ADDRESS 3. CITY, STATE, AND ZIP 4. NAME 5. STREET ADDRESS 6. CITY, STATE, AND ZIP 7. NAME 8. STREET ADDRESS 9. CITY, STATE, AND ZIP 10. NAME 11. STREET ADDRESS 12. CITY, STATE, AND ZIP 13. NAME 14. STREET ADDRESS 15. CITY, STATE, AND ZIP 16. NAME 17. STREET ADDRESS 18. CITY, STATE, AND ZIP 19. NAME 20. STREET ADDRESS 21. CITY, STATE, AND ZIP 22. NAME 23. STREET ADDRESS 24. CITY, STATE, AND ZIP 25. NAME 26. STREET ADDRESS 27. CITY, STATE, AND ZIP 28. NAME 29. STREET ADDRESS 30. CITY, STATE, AND ZIP	1. NAME 2. STREET ADDRESS 3. CITY, STATE, AND ZIP 4. NAME 5. STREET ADDRESS 6. CITY, STATE, AND ZIP 7. NAME 8. STREET ADDRESS 9. CITY, STATE, AND ZIP 10. NAME 11. STREET ADDRESS 12. CITY, STATE, AND ZIP 13. NAME 14. STREET ADDRESS 15. CITY, STATE, AND ZIP 16. NAME 17. STREET ADDRESS 18. CITY, STATE, AND ZIP 19. NAME 20. STREET ADDRESS 21. CITY, STATE, AND ZIP 22. NAME 23. STREET ADDRESS 24. CITY, STATE, AND ZIP 25. NAME 26. STREET ADDRESS 27. CITY, STATE, AND ZIP 28. NAME 29. STREET ADDRESS 30. CITY, STATE, AND ZIP
D RICHARDSON, BART 22320 CALIBRE COURT BOCA RATON FL	☒ Change ☐ Addition 212 N.W. 4TH Ave Boca Raton FL 33432

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that it is true and correct for the purposes of the Florida Statutes. I further certify that the information is true and correct for the purposes of the Florida Statutes. I further certify that the information is true and correct for the purposes of the Florida Statutes. I further certify that the information is true and correct for the purposes of the Florida Statutes.

SIGNATURE: *Barth* 4/24/95 417360980

PRINTED NAME AND TITLE OF SIGNING OFFICER OR DIRECTOR