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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 367193

(0)

1. Corporation Name

OLD BRIDGE PARK CORPORATION

Principal Place of Business

6805 SW 100TH STREET
MIAMI FL 33156

Mailing Address

6805 SW 100TH STREET
MIAMI FL 33156

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/20/1970

3a. Date of Last Report

01/25/1994

4. FEI Number

59-1353499

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

2. Principal Place of Business

21

Suite, Apt. #, etc.

23. City & State

24. Zip

25. Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

30

9. Name and Address of Current Registered Agent

CUTLER, A. BUDD, ESQ.
12940 S.W. 73 AVENUE
MIAMI FL 33158

10. Name and Address of New Registered Agent

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

C
SCHENKMAN, JACK
6805 SW 109 ST.
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

ST
SCHENKMAN, MIRIAM
6805 SW 100TH STREET
MIAMI, FL 00000

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DVP
SCHENKMAN, MICHAEL
6805 SW 109TH STREET
MIAMI, FL 00000

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

P
SCHENKMAN, JOEL
6805 SW 109 ST
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
CUTLER, A. BUDD
12490 SW 73RD AVENUE
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

Change Addition

14. I 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)(b), 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 (changed), or on an attachment with an address.

SIGNATURE:

Joel Schenkman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Pus
Digitally Signed by