

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **367193** (0)

1. Corporation Name

**OLD BRIDGE PARK CORPORATION**



Principal Place of Business

Mailing Address

6605 SW 109TH STREET  
MIAMI FL 33156

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MIAMI FL 33156

3. Date Incorporated or Qualified <b>07/20/1970</b>	3a. Date of Last Report <b>02/28/1995</b>
4. FEI Number <b>59-1353499</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
22 State, Apt. #, etc.	27 State, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CUTLER, A. BUDD, ESQ.  
12940 S.W. 73 AVENUE  
MIAMI FL 33156**

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 607.0712 and 607.1605, 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0905, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11a Title	<b>C</b> <input type="checkbox"/> DELETE	11b Title	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11b NAME	<b>SCHENKMAN, JACK</b>	12 NAME	
11c STREET ADDRESS	<b>6605 SW 109 ST. MIAMI FL</b>	13 STREET ADDRESS	
11d CITY, ST, ZIP	<b>MIAMI FL</b>	14 CITY, ST, ZIP	
11e TITLE	<b>ST</b> <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11f NAME	<b>SCHENKMAN, MIRIAM</b>	22 NAME	
11g STREET ADDRESS	<b>6605 SW 109TH STREET MIAMI, FL 00000</b>	23 STREET ADDRESS	
11h CITY, ST, ZIP	<b>DVP</b> <input type="checkbox"/> DELETE	24 CITY, ST, ZIP	
11i TITLE	<b>SCHENKMAN, MICHAEL</b>	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11j NAME	<b>6605 SW 109TH STREET MIAMI, FL 00000</b>	32 NAME	
11k STREET ADDRESS	<b>P</b> <input type="checkbox"/> DELETE	33 STREET ADDRESS	
11l CITY, ST, ZIP	<b>SCHENKMAN, JOEL</b>	34 CITY, ST, ZIP	
11m TITLE	<b>6605 SW 109 ST MIAMI FL</b>	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11n NAME	<b>D</b> <input type="checkbox"/> DELETE	42 NAME	
11o STREET ADDRESS	<b>CUTLER, A. BUDD</b>	43 STREET ADDRESS	
11p CITY, ST, ZIP	<b>12490 SW 73RD AVENUE MIAMI FL</b>	44 CITY, ST, ZIP	
11q TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11r NAME		52 NAME	
11s STREET ADDRESS		53 STREET ADDRESS	
11t CITY, ST, ZIP		54 CITY, ST, ZIP	
		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		62 NAME	
		63 STREET ADDRESS	
		64 CITY, ST, ZIP	

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)(k), 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, in or an addition with an address.

SIGNATURE:

*Jack Schenkman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-96

941-543-4000

CR2E034 (12/95)