

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 03 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 367193 (0)
 1. Corporation Name
 OLD BRIDGE PARK CORPORATION



Principal Place of Business: 6605 SW 109TH STREET MIAMI FL 33156
 Mailing Address: 6605 SW 109TH STREET MIAMI FL 33156

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 P.O. Box 2547
 27 Suite, Apt. #, etc.
 28 Ft. Myers, FL
 29 Zip 33902
 30 Country USA

3. Date Incorporated or Qualified: 07/20/1970
 4. FEI Number: 59-1353499
 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 CUTLER, A. BUDD, ESQ.
 12940 S.W. 73 AVENUE
 MIAMI FL 33156

10. Name and Address of New Registered Agent
 81 Name: H. Jeffrey Cutler
 82 Street Address (P.O. Box Number is Not Acceptable): 241 Sevilla Ave - Suite 805
 83 Coral Gables
 84 City
 85 Zip Code: FL 33134

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: H. JEFFREY CUTLER / *H. Jeffrey Cutler* 8-24-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	
NAME	SCHENKMAN, JACK	1.2 NAME	
STREET ADDRESS	6605 SW 109 ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	
NAME	SCHENKMAN, MIRIAM	2.2 NAME	
STREET ADDRESS	6605 SW 109TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	2.4 CITY-ST-ZIP	
TITLE	DVP	3.1 TITLE	
NAME	SCHENKMAN, MICHAEL	3.2 NAME	
STREET ADDRESS	6605 SW 109TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	
NAME	SCHENKMAN, JOEL	4.2 NAME	
STREET ADDRESS	6605 SW 109 ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	CUTLER, A. BUDD	5.2 NAME	D Jeffrey
STREET ADDRESS	12490 SW 73RD AVENUE	5.3 STREET ADDRESS	H. Jeffrey Cutler
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	241 Sevilla Ave - Suite 805
TITLE		6.1 TITLE	Coral Gables, Fl. 33134
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: *[Signature]* 9-4-98

CR2E034 (5/98)