
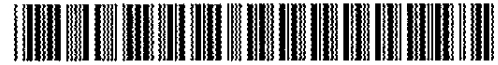


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # 367193		
1. Entity Name OLD BRIDGE PARK CORPORATION		
Principal Place of Business 6605 SW 109TH STREET MIAMI, FL 33156	Mailing Address P.O. BOX 2547 FT MYERS, FL 33902 US	



01092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1353499	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SUNSTROM, WILLIAM
 2548 BLAIRSTONE PINES DR.
 TALLAHASSEE, FL 32303

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SCHENKMAN, JACK 6605 SW 109 ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SCHENKMAN, MIRIAM 6605 SW 109TH STREET MIAMI, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SCHENKMAN, MICHAEL 6605 SW 109TH STREET MIAMI, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHENKMAN, JOEL 6605 SW 109 ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: 4-1-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #