**FILE NOW: FILING FEE AFTER MAY 1 IS $155.00**

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED AND FILED
95 MAY -1 AM 10:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01171 (0)

1. Corporation Name
CITY PARK PLACE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 412 NE 3RD AVE<br>P.O. BOX 030399<br>FT. LAUDERDALE FL 33303<br>US | 412 NE 3RD AVE<br>P.O. BOX 030399<br>FT. LAUDERDALE FL 33303<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/31/1984
3a. Date of Last Report: 01/21/1994
4. FEI Number: 59-2368068 ☐ Applied For ☐ Not Applicable

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

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TUTHILL, ROBERT
1330 SE 4TH AVENUE
FT. LAUDERDALE FL 33316

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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | TD | 1 1 TITLE | Preside it - Director ☒ Change ☐ Addition |
| NAME | ~~LIEBERMAN, STEVAN~~ | 1 2 NAME | Dr. Ranjall Stockton |
| STREET ADDRESS | ~~412 NE 3RD AVE~~ | 1 3 STREET ADDRESS | 1330 S. E. 4th Avenue, Suite L |
| CITY-ST-ZIP | ~~FT. LAUDERDALE FL~~ | 1 4 CITY-ST-ZIP | Fort Lauderdale, Florida 33316 |
| TITLE | PD | 2 1 TITLE | Vice-Pres - Director ☒ Change ☐ Addition |
| NAME | ~~TUTHILL, ROBERT~~ | 2 2 NAME | Dr. Dennis Dove |
| STREET ADDRESS | ~~1330 SE 4TH AVE.~~ | 2 3 STREET ADDRESS | 1330 S. E. 4th Avenue, Suite H |
| CITY-ST-ZIP | ~~FT. LAUDERDALE FL~~ | 2 4 CITY-ST-ZIP | Fort Lauderdale, Florida 33316 |
| TITLE | VD | 3 1 TITLE | Sec/Treas - Director ☒ Change ☐ Addition |
| NAME | ~~WILSON, CAROL~~ | 3 2 NAME | William Bodenhamer |
| STREET ADDRESS | ~~920 N. RIO VISTA BLVD.~~ | 3 3 STREET ADDRESS | 1330 S. E. 4th Avenue, Suite D |
| CITY-ST-ZIP | ~~FT. LAUDERDALE FL~~ | 3 4 CITY-ST-ZIP | Fort Lauderdale, Florida 33316 |
| TITLE | SD | 4 1 TITLE | ☐ Change ☐ Addition |
| NAME | ~~BITNER, GARY~~ | 4 2 NAME | |
| STREET ADDRESS | ~~1330 S.E. 4TH AVENUE~~ | 4 3 STREET ADDRESS | |
| CITY-ST-ZIP | ~~FT LAUDERDALE FL~~ | 4 4 CITY-ST-ZIP | |
| TITLE | | 5 1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5 2 NAME | |
| STREET ADDRESS | | 5 3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5 4 CITY-ST-ZIP | |
| TITLE | | 6 1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6 2 NAME | |
| STREET ADDRESS | | 6 3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6 4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ____________ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

000643