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FILED
Feb 10 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P01533** (9)
1. Corporation Name
PARK AVENUE DEVELOPMENT CORPORATION

Principal Place of Business
**535 PARK AVENUE NORTH
P. O. BOX 1508
WINTER PARK FL 32790**

Mailing Address
**535 PARK AVENUE NORTH
P. O. BOX 1508
WINTER PARK FL 32790**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

04/06/1984

4. FEI Number

13-3017252

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**WILLIAMS, WARREN
28 W. CENTRAL AVE.
ORLANDO FL 32802**

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 officer applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PS ☐ DELETE

NAME **GARBE, UDO**
STREET ADDRESS **1340 LAKEVIEW DR**
CITY-ST-ZIP **WINTER PARK FL**

TITLE D D ☐ DELETE

NAME **GARBE, UDO**
STREET ADDRESS **1340 LAKEVIEW AVE.**
CITY-ST-ZIP **WINTER PARK FL**

TITLE VAS ☐ DELETE

NAME **HOCKMAN, JOSIE**
STREET ADDRESS **8988 LAKE CHARITY DRIVE**
CITY-ST-ZIP **MAITLAND FL**

TITLE TD ☐ DELETE

NAME **GARBE, BERNHARD**
STREET ADDRESS **535 PARK AVE., N.**
CITY-ST-ZIP **WINTER PARK FL**

TITLE VP ☐ DELETE

NAME **MARSTON, HAL**
STREET ADDRESS **8632 SANDBERRY BLVD.**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

Josie Hockman

Josie Hockman

01/30/97

407-629-9082

CR2E034 (10/97)