

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Apr 25 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # S92004 (8)**

1. Corporation Name  
**PARK AVENUE GROUP, INC.**



Principal Place of Business: **2690 PARK ST MIAMI SPRINGS, FL 33166**

Mailing Address: **2690 PARK ST MIAMI SPRINGS, FL 33166**

3. Date incorporated or Qualified: **11/01/1991**

3a. Date of Last Report: **01/26/1996**

4. FEI Number: **65-0295393**

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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business

21 **2751 SE MONROE STREET**

22 Suite, Apt. #, etc.

23 **STUART, FL**

24 Zip: **34997** Country: **U.S.A.**

2a. Mailing Address

26 **2751 SE MONROE STREET**

27 Suite, Apt. #, etc.

28 **STUART, FL**

29 Zip: **34997** Country: **U.S.A.**

9. Name and Address of Current Registered Agent

**GORDON, STEVEN I.**  
**7501 W. OAKLAND PARK BLVD., SUITE 306**  
**LAUDERHILL FL 33319**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code: **FL**

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: \_\_\_\_\_ DATE: \_\_\_\_\_

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

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	<b>EAVERSON, MARY E.</b>	
STREET ADDRESS	<b>219 SHADOW WAY</b>	
CITY-ST-ZIP	<b>MIAMI SPRINGS FL</b>	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	<b>DEE, WILLIAM E. JR</b>	
STREET ADDRESS	<b>98 DE LEON DR</b>	
CITY-ST-ZIP	<b>MIAMI SP</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>EAVENSON, MARY E.</b>
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<b>MIAMI SPRINGS, FL 33166-5151</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<b>MIAMI SPRINGS, FL 33166</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>McCOY, SUSAN B.</b>
3.3 STREET ADDRESS	<b>2249 NE RUSTIC WAY</b>
3.4 CITY-ST-ZIP	<b>JENSEN BEACH, FL 34957</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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: *Mary E. Eaverson* **MARY EAVENSON** 4/16/97 561-283-6220

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

CR2E034 (9/96)