

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

DOCUMENT # **N49981** (6)

1. Corporation Name
BIRCH PARK FINGER STREETS ASSOCIATION, INC.

FILED

95 JAN 26 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business 4875 N FEDERAL HWY 10TH FLOOR FT LAUDERDALE FL 33308	Mailing Address 4875 N FEDERAL HWY 10TH FLOOR FT LAUDERDALE FL 33308
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3. Date Incorporated or Qualified 07/22/1992	3a. Date of Last Report 05/13/1994
4. FBI Number 65-0354048	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**MORRISON, RICHARD W.
4875 N FEDERAL HWY
10TH FLOOR
FT LAUDERDALE FL 33308**

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

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 title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MORRISON, RICHARD W.
STREET ADDRESS	4875 N FEDERAL HWY 10 FL
CITY- ST- ZIP	FT LAUDERDALE FL
TITLE	VD
NAME	MEYERS, MOLLIE MCCLURE
STREET ADDRESS	1541 N. ATLANTIC BLVD.
CITY- ST- ZIP	FT LAUDERDALE FL
TITLE	TD
NAME	WEISS, MARLENE
STREET ADDRESS	3320 N.E. 18TH CT.
CITY- ST- ZIP	FT LAUDERDALE FL
TITLE	SD
NAME	LANGE, STEPHAN P.
STREET ADDRESS	7 SE 13 ST
CITY- ST- ZIP	FT LAUDERDALE FL
TITLE	D
NAME	BLANCHAR, RICHARD
STREET ADDRESS	4401 W TRADEWINDS AVE.
CITY- ST- ZIP	LAUDERDALE-BY-THE-SEA FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), 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: *R. W. Morrison* 01.18.95 505-776-3600
SIGNATURE AND TYPE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
R. W. MORRISON