Applied For

Fee Required \$5.00 May Be

Added to Fees

☐ Yes

Not Applicable \$8.75 Additional

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # KOO327

1. Corporation Name PARK AVENUE DEVELOPERS	_						
Principal Place of Business Mailing Address			· - !	1 100:03/16 010 10/100 12/10 11/10 11/10 11/10 11/10			
%C. DAVID BROWN. II 2200 PARK AVE. N. WINTER PARK FL 32789	%C, DAVID BROWN, II 2200 PARK AVE. N. WINTER PARK FL 32789			DO NOT WRITE IN THIS SPAC			
				3. Date Incorporated or Qualifed 06/29/1989			
2. Principal Place of Business 2a. Mailing Address 25				4. FEI Number 59-2982905			
Suite, Apt. #, etc:-	Suite, Apt. #, etc.		5. Certificate of Status Desired				
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution			
Zip Country	Zip 29 30	Country		8. This corporation owes the current year Intangible Personal Property Tax.			
9, Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MCINTOSH, DONALD W., JR.		81	Name				
2200 PARK AVENUE NORTH			Street Ad	dress (P.O. Box Number is Not Acceptable)			
4TH FLOOR WINTER PARK FL 32789		83					
111141771111111111111111111111111111111		84	City	FL 85			
11. Pursuant to the provisions of Sections	607.0502 and 607.1508, Florida Statutes,	the above	-named co	rporation submits this statement for the purpose of changi			

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90113 015 ***150.00



4TH FLOOR WINTER PARK FL 32789		83						
			84	City		FL	85 Zip C	
office or r	to the provisions of Sections 607.0502 and egistered agent, or both, in the State of Flo m familiar with, and accept the obligations	rida. Such change was aut	nonzed by	ine corporati	oration submits this stateme on's board of directors. I her	nt for the purpose of eby accept the appoir	changing its r itment as reg	egistered istered
SIGNATURE	Signature, typed or printed name of registered agent and ti	tle if applicable. (NOTE: F	Registered Agen	t signature require	ed when reinstating)	DATE		
12.	OFFICERS AND DI		13.		ADDITIONS/CHANGE	S TO OFFICERS AN	D DIRECTO	RS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE				Change	☐ Addition
NAME	MCINTOSH, DONALD W.		1.2 NAME					
STREET ADDRESS	2200 PARK AVE. N.		1.3 STREET	ADDRESS			-	
CITY-ST-ZIP	WINTER PARK FL		1.4 CITY-57	-ZIP				
TITLE	VPD	☐ DELETE	2.1 TITLE				Change	Addition
NAME	TRUE, CHARLES H.		2.2 NAME					{
STREET ADDRESS	2200 PARK AVE. N.		2.3 STREET	ADDRESS				J
CITY-ST-ZIP	WINTER PARK FL		2.4 CITY-5	T-ZIP			·.	
TITLE		☐ DELETE	3.1 TITLE				Change	Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET	ADDRESS				
CITY-ST-ZIP			3.4. CITY-S	T-ZIP				
TITLE		☐ DELETE	4.1 TITLE				Change	Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY-\$	r- ZIP				
TITLE		☐ DELETE	5.1 TITLE				Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY-S	r-ZIP			=	
TITLE		☐ DELETE	6.1 TITLE				☐ Change	☐ Addition
NAME			6.2 NAME					}
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP			6.4 CITY-S					
14. I hereby	certify that the information supplied with this	s filing does not qualify for t	the exempti	on stated in	Section 119.07(3)(i), Florida	Statutes. I further cer	lify that the in	tormation

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, with all other like empowered.

4.15.99

407-644-4068

Daytime Phone #