FILE NOW: FILING FEE AFTER MAY 7 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUN 1. Corporation	MENT # 18508	3 (3)				ĺ			
	OVIEW PARK WATER COMP	PANY							
57751						10.000 10.000 10.000 10.000 10.000 10.000			
Principal Place	of Rusiness	Mailing Address							
1955 S W 50 AVE 1955 S W 50 AVE									
FT LAUDERD	ALE FL 33317	FT LAUDERDALE FL 33	317						
US		US				3. Date Incorporated or Qualified		te of Last Re	
- 6: : 15:		T- 11 (1)				05/09/1955	<u> </u>	03/14/199	
2. Principal Pla 21	ice of Business	2a. Mailing Address				4. FEI Number 59-0745265			Applied For Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				Certificate of Status Desired			Additional
22	27					5. Centricate of Status Desired			Required
City & State City & State 28						Election Campaign Financing Trust Fund Contribution			May Be
Zip							Added to Fees or intangible tax under s 199,032,		
24	25	29	30			Florida Statutes			
•	g, Name and Address of Current	t Registered Agent		81 Nar	10	10. Name and Address of New Re	gistered	i Agent	
	R MICHAEL H								
SCHWAB, MICHAEL H 1955 S W 50TH AVE FORT LAUDERDALE FL 33317			82 Street Address (P.O. Box Number is Not Acceptable)						
				83					
	*			84 City				85 Zip	Code
44 5	40 40 007 0500						F:I	_ -	
or registere	ed agent, or both, in the State of Florid	la. Such change was authorize	s, the abo d by the c	ve-namec orporatio	l corporat n's board	ion submits this statement for the purp of directors. Thereby accept the appo	ose of ch intment a	nanging its re is registered	egistered office agent. I am
	h, and accept the obligations of, Section	on 607.0505, Florida Statutes.						•	•
SIGNATURE _	Signature, typed or printed name of registered agent a	and title if applicable. (NO)	E: Registered	Agent signati	rre required s	vnen reinstating)	DATE		
12.				13.		ADDITIONS/CHANGES TO OFFI	CERS AN		
TITLE	PDT	☐ DELETE	1. 1 Ti		DI	RECTOR , STILL	4.7)	☐ Change	□ Modition
NAME DIODEST ADODESCO	MICHAEL, ISIDOR 3400 S. OCEAN DR. #3F		1.2 NA	-	MZ	CHAEL H. SCHW	NB		
STREET ADDRESS CITY-ST-ZIP	PALM BCH FL			reet addre: Ty-st-zip	S //	55 SW 50 AVE. T. LAUDERDALE, 1	4	3.33	2/2
TITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ DELETE	2. 1 Ti		1-	" NOVERNICE, I		Change	
NAME			2.2 NA	ME					
STREET ADDRESS			2.3 ST	REET ADDRE	ss				
CITY-ST-ZIP			2.4 CII	Y-ST-ZIP					
TITLE		☐ DELETE	3. 1 Ti		ļ			☐ Change	Addition
NAME STREET ADDRESS			3.2 NA	me Treet addre	ee l				
CITY-ST-ZIP				MEET ADDRE TY-ST-ZIP	55				
TITLE		☐ DELETE	4.1 10			Filhermon tizz	21.7	Change	Addition
NAME			4.2 NA	MÉ		50000173 -03/21/96010	. • 1 1	.T., (.) 002	_
STREET ADDRESS			4.3 S1	REET ADDRES	ss	***200.00		J',/L_	
CITY-ST-ZIP			4.4 Ci1	Y-ST-ZIP				· · · · · · · · · · · · · · · · · · ·	
TITLE		☐ DELETE	5 1 TI					☐ Change	☐ Addition
NAME CTREET ADDRESS			5.2 NA		~				
STREET ADDRESS CITY-ST-ZIP				reet addre: Ty-st-zip	×>				
TITLE		DELETE	6. 1 TI		-			Change	☐ Addition
NAME		_	6.2 NA						
STREET ADDRESS				REET ADDRES	SS				
CITY-ST-ZIP			6.4 Ci	Y-ST-ZIP					
 14. I do hereby certify that 	certify that the information supplied with the information indicated on this annual	with this filing is voluntarily furnis	shed and o	does not o	qualify for	the exemption stated in Section 119.0 and that my signature shall have the s report as required by Chapter 607, Flo	7(3)(k), F	lorida Statute	es. I further made under
oath; that I	am an officer or director of the consor	ation or the receiver of vustee	empower	ed to exe	cute this	report as required by Chapter 607, Flo	rida Statu	ites; and tha	t my name

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 01, 1996

(954) 583-4223