FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -6 AM 9:25

DOCUMENT # **327918** **(9)**

1. Corporation Name
PARK WEST MANAGEMENT INC

Principal Place of Business	Mailing Address
~~175 FONTAINEBLEAU BLVD STE 1-P MIAMI FL 33172~~ 420 LINCOLN RD STE 435 MIAMI BEACH, FLA 33139	~~175 FONTAINEBLEAU BLVD STE 1-P MIAMI FL 33172~~ 420 LINCOLN RD, MIAMI BEACH, FLA 33139

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/25/1968
3a. Date of Last Report: 01/24/1994

2. Principal Place of Business	2a. Mailing Address
21 420 LINCOLN RD	26 420 LINCOLN RD
Suite, Apt. #, etc. 22 SUITE 435	Suite, Apt. #, etc. 27 SUITE 435
City & State 23 MIAMI BEACH, FLA	City & State 28 MIAMI BEACH FLA
Zip 24 33139 Country 25 U.S.A	Zip 29 33139 Country 30 U.S.A.

4. FEI Number: 59-1231299 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FLEEMAN, DAVID B 321 W DILIDO DR MIAMI FL 33172	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: David B. Fleeman
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	FLEEMAN, DAVID B	12 NAME	
STREET ADDRESS	321 W DILIDO DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 00000	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	FLEEMAN, JEROME	22 NAME	
STREET ADDRESS	33 E DILIDO DR	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 00000	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	FELDMAN, SHIRLEY	32 NAME	
STREET ADDRESS	~~175 FONTAINEBLEAU BLVD1P~~ 420 LINCOLN R.	33 STREET ADDRESS	
CITY ST ZIP	~~MIAMI, FL 00000~~ SUITE 435 MIAMI BEACH 33139	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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 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: David B. Fleeman April 3, 1995 305-534-3277
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #
DAVID B. FLEEMAN

0188446 CP