

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

**FILED**

**May 14 1998 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1998**



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

**DOCUMENT # 365749 (1)**  
1. Corporation Name  
**TOWN PARK PLAZA SOUTH INC**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**1788 N.W. 5TH AVENUE.  
MIAMI FL 33136**

Mailing Address  
**PO BOX 015607  
MIAMI FL 33101**

3. Date Incorporated or Qualified  
**06/16/1970**

4. FEI Number  
**59-1325730**

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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country  
29 30

9. Name and Address of Current Registered Agent  
**DARCELIN, MARY  
1835 NW 5TH PLACE  
MIAMI FL 33136**

10. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CLEAR, SONYA</b>	1.2 NAME	<b>MARIE WIMS</b>
STREET ADDRESS	<b>1764 N.W. 5TH AVENUE,</b>	1.3 STREET ADDRESS	<b>1780 NW 5TH AVENUE #M</b>
CITY-ST-ZIP	<b>MIAMI FL 33136</b>	1.4 CITY-ST-ZIP	<b>MIAMI, FLORIDA 33136</b>
TITLE	<b>AS</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WILLIAMS, ACONIA</b>	2.2 NAME	<b>ESTELLA BROWN</b>
STREET ADDRESS	<b>1814 NW 5TH PLACE</b>	2.3 STREET ADDRESS	<b>1843 NW 5TH PLACE</b>
CITY-ST-ZIP	<b>MIAMI FL 33136</b>	2.4 CITY-ST-ZIP	<b>MIAMI, FLORIDA 33136</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>AT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DEMPS, MAE</b>	3.2 NAME	<b>SHARON RACHEL</b>
STREET ADDRESS	<b>1848 NW 5TH PLACE</b>	3.3 STREET ADDRESS	<b>1808 NW 5TH PLACE</b>
CITY-ST-ZIP	<b>MIAMI FL 33136</b>	3.4 CITY-ST-ZIP	<b>MIAMI, FLORIDA 33136</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DARCELIN, MARY</b>	4.2 NAME	
STREET ADDRESS	<b>1835 NW 5TH PL</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>DS</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLEARE, MARIE</b>	5.2 NAME	
STREET ADDRESS	<b>1732 NW 5TH AVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>AS</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCDONALD, HARRIETT</b>	6.2 NAME	
STREET ADDRESS	<b>1730 NW 5TH AVE.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	6.4 CITY-ST-ZIP	

14. I 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 Darcelin nd/30/98*

CR2E034 (10/97)