PROFIT CORPORATION. ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

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

DARCELIN, MARY

1835 NW 5TH PL

CLEARE, MARIE

1732 NW 5TH AVE

miami fl

MIAMI FL

NAME

TLE

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STREET AODRESS

TREET ADDRESS

TY-ST-ZIP

CITY-ST-ZIP

FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90046 016 ***158.75



1798 N.W. 5TH AVENUE. MIAMI FL 33136		Mailing Address									
		PO BOX 015607 MIAMI FL 33101									
							DO NOT WRI	TE IN TI	HIS SPACE		
} .							Incorporated or Qualifed				
2. Principa	al Place of Business	9- Maii A I I				06/1	16/1970				
21		2a. Mailing Address				4. FEIN				Applied For	
Suite, A	pt. #, etc.	26				59-1	325730		⊢ ⊢		
22		Suite, Apt. #, etc.								Not Applicable Additional	
City & S	State	27				j. Cerum	cate of Status Desired	Z		Required	
- 23		City & State				6. Election	on Campaign Financing_				
Zip	Country	Zip				Trust	Fund Contribution			May Be I to Fees	
24	25	<u></u>	Cour	ntry		8. This o	orporation owes the curre	ent vear	Intangible	torees	
	9. Name and Address of Curre	nt Registered Association	30			Person	nai Property Tax.		□Yes	□No	
		it registered Agent	$-\!-\!\!+$	-1-		10. Name	and Address of New R	egistere	d Agent		
DA	ARCELIN, MARY		ľ	81	Name						
1835 NW 5TH PLACE			į.	82 Street Address (P.O. Box Number is Not Acceptable)							
MIAMI FL 33136			Ĺ		_	(No. Dox Normber is Not Acceptable)					
[[+	83							
			ļ.	B4	City			_			
11 Pursuan	to the providence of the control of		1	1	•					Code	
office or	nt to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obliga	2 and 607.1508, Florida Statutes	, the abo	ove-r	named corpor	ation submit	s this statement for the a	<u></u>	<u>- </u>		
		tions of, Section 607.0505, Florid	horized t la Statut	by th	e corporation	's board of d	lirectors. I hereby accept	the appo	r cnanging its xintment as re	registered	
SIGNATURE	ž			٠			•			9.010,00	
12 5 7 .5	Signature, typed or printed name of registered agen	nt and trite if applicable. (NOTE: Re	egistered Ag	gent sig	ignature required w	(hen reinstation)				. /	
TITLE	OFFICERS AN	DIRECTORS	13.	_			NS/CHANGES TO OFFI	DATE			
NAME	WIMS, MARIE	DELETE	1.1 TITLE	:	$\neg \neg A$,	NS/CHANGES TO OFFI	JERS A	VD DIRECTO		
STREET ADDRESS			1.2 NAME	•	RA	CHEL	SHARON		☐ Change	Addition	
·	THE THE WALL WALL MAN		1.3 STRE	ET ADI	ORESS 1Q1	8 N.	W 5TH PLACE			ì	
CITY-ST-ZIP	MIAMI FL 33136		1.4 C(TY-	ST-ZIF			-CORIDA 33			•	
_	AS	DELETE	2.1 TITLE		46	411111	WAIDII OS	36			
NAME	WILLIAMS, ACONIA		22 NAME		ae	POTT	I MARIE		Change	Addition	
STREET ADDRESS	I TO THE WILL END L		2.3 STREE		OULCO I	02 N	W 5TH PLAC	-		Í	
CITY-ST-ZIP	MIAMI FL 33136		2.4 СПУ-			411	61 222			ļ	
TITLE	D	DELETE	3.1 TITLE	<u>01-21</u>		AMI,	PL 33136				
NAME	DEMPS, MAE	-	3.2 NAME		20	ned al	ESTELLA		☐ Change	Addition	
STREET ADDRESS	1846 NW 5TH PLACE	j			DE LOK	OM N.	STU PINA	ā -]	
CITY-ST-ZIP	MIAMI FL 33136	j	3.3 STREE		KESS 18	13 N	STH PLACE	<u> </u>		`}	
m - T			34 CITY 9	CT 710	· ~~			<i>(</i> —			

DELETE Change MCDONALD, HARRIETT ☐ Addition 6.2 NAME TREET ADDRESS 1730 NW 5TH AVE. 6.3 STREET ADDRESS MIAMI FL TY-ST-ZIP 4. 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CiTY-ST-ZiP

1730 NW

C DELETE

DELETE

GIGNATURE:

Addition

Addition

☐ Change