

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 389705 (5)
1. Corporation Name
TOWN PARK PLAZA NORTH, INC.



Principal Place of Business: **1945 N.W. 5TH PLACE MIAMI FL 33136**
Mailing Address: **1945 N.W. 5TH PLACE MIAMI FL 33136**

3. Date Incorporated or Qualified: **10/11/1971**
3a. Date of Last Report: **04/21/1995**
4. FEI Number: **59-1349095**
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

2. Principal Place of Business: **21** Suite, Apt. #, etc.
22. City & State: **22**
23. Zip: **24** Country: **25**
2a. Mailing Address: **26** Suite, Apt. #, etc.
27. City & State: **27**
28. Zip: **29** Country: **30**

g. Name and Address of Current Registered Agent
SHIRER & ASSOCIATES
1401-G WASHINGTON ROAD
P O BOX 765
INDIAN ROCKS BEACH FL 34835

10. Name and Address of New Registered Agent
81. Name: **Shirer & Associates Of FL**
82. Street Address (P.O. Box Number is Not Acceptable): **6801 Diana Court**
83. City: **Tampa, FL 33610**
84. City: **Tampa, FL** 85. Zip Code: **33610**

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: *J.R. Wear* Signature typed or printed name of registered agent (if applicable): **J.R. Wear** (NOTE: Registered Agent signature required when reinstating) DATE: **4-25-96**

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	STARKES, WILLIE	
STREET ADDRESS	501 NW 19TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	EVANS, BRENDA	
STREET ADDRESS	1917 NW 5TH PLACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SCRUGGS, JULIA	
STREET ADDRESS	1974 NW 5TH PLACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	LANIER, CLARA	
STREET ADDRESS	1994 NW 5TH PL	
CITY-ST-ZIP	MIAMI FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BROWN, ELMIRA	
STREET ADDRESS	1958 NW 4 COURT	
CITY-ST-ZIP	MIAMI FL	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	MCCLARY, PAUL	
STREET ADDRESS	1915 NW 5TH PL	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VP
2.3 STREET ADDRESS	GEORGIA MILLER
2.4 CITY-ST-ZIP	1932 N.W. 5TH PLACE
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	T
4.3 STREET ADDRESS	SHERRAINE THOMAS
4.4 CITY-ST-ZIP	1904 N.W. 5TH PLACE
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	AT
6.3 STREET ADDRESS	JOSEPHINE SERAPHINE
6.4 CITY-ST-ZIP	483 N.W. 19TH STREET

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)(k), 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 a address.

SIGNATURE: *Willie Starkes* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Willie Starkes** DATE: **4/24/96** DAYTIME PHONE: **489-7767**

CR2E034 (12/95)