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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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHIRER & ASSOCIATES  
1401-G WASHINGTON ROAD  
P O BOX 765  
INDIAN ROCKS BEACH FL 34835

81 Name

Shirer & Associates Of FL

82 Street Address (P.O. Box Number is Not Acceptable)

6801 Diana Court

83

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

(NOTE: Registered Agent signature required when reinstating)

4-25-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>

VP  
GEORGIA MILLER  
1932 N.W. 5TH PLACE  
MIAMI, FL

T  
SHERRAINE THOMAS  
1904 N.W. 5TH PLACE  
MIAMI, FLORIDA

AT  
JOSEPHINE SERAPHINE  
483 N.W. 19TH STREET  
MIAMI, FL

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:

W. Willie Starks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96

Date

489-7767

Daytime Phone #

CR2E034 (12/95)