

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

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**Apr 24 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33136-1242
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3. Date Incorporated or Qualified 10/11/1971	3a. Date of Last Report 05/01/1996
4. FEI Number 59-1349095	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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9. Name and Address of Current Registered Agent

**SHIRER & ASSOCIATES OF FLORIDA
6801 DIANA COURT
TAMPA FL 33610**

10. Name and Address of New Registered Agent

81 Name N/A
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

TITLE	P <input type="checkbox"/> DELETE
NAME	STARKES, WILLIE
STREET ADDRESS	501 NW 19TH ST
CITY - ST - ZIP	MIAMI FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	MILLER, GEORGIA
STREET ADDRESS	1932 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 type="checkbox"/> DELETE
NAME	THOMAS, SHERRAINE
STREET ADDRESS	1904 NW 5TH PLACE
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	SERAPHINE, JOSEPHINE
STREET ADDRESS	483 NW 19TH STREET
CITY - ST - ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PAUL MCCLARY
1.3 STREET ADDRESS	1915 N.W. 5th Place
1.4 CITY - ST - ZIP	MIAMI, FL 33136
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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 type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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: Ken Willie Starks 4/18/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)