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

SERAPHINE, JOSEPHINE

483 NW 19TH STREET

MIAMI FL

STREET ADDRESS

Apr 15 1998 8:00am **PROFIT** ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 **DIVISION OF CORPORATIONS DOCUMENT #** 389705 (5) TOWN PARK PLAZA NORTH, INC. Principal Place of Business Mailing Address 1945 N.W. 5TH PLACE 1945 N.W. 5TH PLACE MIAMI FL 33136 MIAMI FL 33136 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>10/11/1971</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1349095 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box 23 Trust Fund Contribution Added to Fees Ζip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 25 29 30 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 SHIRER & ASSOCIATES OF FLORIDA **6801 DIANA COURT** 82 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33610** 83 84 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Addition DELETE 1.1 TITLE TITLE Change PAUL MCCLARY REV. WILLIE STARKES NAME 1.2 NAME 1915 NW 5TH PLACE 501 NW 19th STREET STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL MIAMI, FLORIDA CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition TITLE 2.1 TITLE Change MILLER, GEORGIA NAME 2.2 NAME 1932 NW 5TH PLACE STREET ADORESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2 4 CITY - ST-ZIP DELETE Addition 3.1 TITLE Change TITLE SCRUGGS, JULIA 3.2 NAME NAME 1974 NW 5TH PLACE STREET ADDRESS 3.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME THOMAS, SHERRAINE 4. 2 NAME 1904 NW 5TH PLACE STREET ADDRESS 4.3 STREET ADDRESS MIAMI FL 4.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 5.1 TITLE **BROWN, ELMIRA** 5.2 NAME 1958 NW 4 COURT STREET ADDRESS 5.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE

FILED

CITY-ST-ZIP 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: X110

6.3 STREET ADDRESS

6.2 NAME