

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 26, 1999 8:00 am
Secretary of State

07-26-1999 90013 016 ****61.25

DOCUMENT # 706819

1. Corporation Name

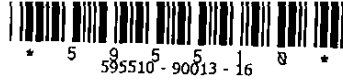
FLORIDA INSTITUTE OF PARK PERSONNEL, INC.

Principal Place of Business

10900 SR 703
NORTH PALM BEACH FL 33408
US

Mailing Address

10900 SR 703
NORTH PALM BEACH FL 33408
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 2401 SE MONTEREY RD

26 2401 SE MONTEREY RD

02/11/1964

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
59-6194362

Applied For
☒ Not Applicable

City & State

City & State

23 STUART FL

28 STUART FL

Zip

Country

Zip

Country

24 34997 25 US

29 34997 30 US

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBINSON, JON M
10900 SR 703
N PALM BEACH FL 33408

81 Name

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

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME PHILLIPS, RANDY
STREET ADDRESS 2700 6TH AVE S
CITY-ST-ZIP LAKE WORTH FL

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME PHILLIPS, RANDY
1.3 STREET ADDRESS 2401 SE MONTEREY RD
1.4 CITY-ST-ZIP STUART, FL 34997

TITLE D ☐ DELETE
NAME ROBINSON, JON M
STREET ADDRESS 10900 SR 703
CITY-ST-ZIP NORTH PALM BEACH FL

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME ROBINSON, JON M
2.3 STREET ADDRESS 3400 NE 163ST
2.4 CITY-ST-ZIP NORTH MIAMI, FL 33160

TITLE D ☐ DELETE
NAME LACOSTA, GEORGE
STREET ADDRESS 3099 MEDINA CIRCLE
CITY-ST-ZIP LAKE WORTH FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jon M Robinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-21-99

Date

Daytime Phone #

0014367

CR2E037 (5/99)