

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **713394** (5)
1. Corporation Name

HYDE PARK TOWERS, INC.



Principal Place of Business: **1801 S. OCEAN DR. HOLLYWOOD FL 33019**
Mailing Address: **1801 S. OCEAN DR. HOLLYWOOD FL 33019**

3. Date Incorporated or Qualified: **09/29/1967**
3a. Date of Last Report: **01/23/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.	59-1209074	Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
ENTIS, DORA 1801 S OCEAN DRIVE APT 703 HOLLYWOOD FL 33019		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: *Dora Entis* (Signature typed or printed name of registered agent and title if applicable) DATE: *Jan. 16, 1996* (NOTE: Registered Agent signature required when first filing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	<input type="checkbox"/> DELETE	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MARTIN, G		12. NAME	
STREET ADDRESS: 1801 SOUTH OCEAN DRIVE, APT. 507		13. STREET ADDRESS	
CITY-ST-ZIP: HOLLYWOOD FL 33019		14. CITY-ST-ZIP	
TITLE: VPD	<input checked="" type="checkbox"/> DELETE	21. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: MANDEL, L		22. NAME	<i>V.V. Principe</i>
STREET ADDRESS: 1801 SOUTH OCEAN DRIVE, APT. 106		23. STREET ADDRESS	<i>1801 South Ocean Drive</i>
CITY-ST-ZIP: HOLLYWOOD FL 33019		24. CITY-ST-ZIP	<i>Hollywood, FL, 33019 Apt. 605</i>
TITLE: SD	<input checked="" type="checkbox"/> DELETE	31. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: KIRGSHNER, B		32. NAME	<i>A. Secretary</i>
STREET ADDRESS: 1801 SOUTH OCEAN DRIVE, APT. 407		33. STREET ADDRESS	<i>Doreen Green</i>
CITY-ST-ZIP: HOLLYWOOD FL 33019		34. CITY-ST-ZIP	<i>1801 South Ocean Drive</i>
TITLE: TD	<input type="checkbox"/> DELETE	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ENTIS, DORA		42. NAME	
STREET ADDRESS: 1801 SOUTH OCEAN DRIVE, APT. 703		43. STREET ADDRESS	
CITY-ST-ZIP: HOLLYWOOD FL 33019		44. CITY-ST-ZIP	
TITLE: D	<input checked="" type="checkbox"/> DELETE	51. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: REGING, F		52. NAME	<i>Director</i>
STREET ADDRESS: 1801 S OCEAN DRIVE, APT. 304		53. STREET ADDRESS	<i>AL Moore</i>
CITY-ST-ZIP: HOLLYWOOD FL		54. CITY-ST-ZIP	<i>1801 South Ocean Drive</i>
TITLE:	<input type="checkbox"/> DELETE	61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		62. NAME	
STREET ADDRESS:		63. STREET ADDRESS	
CITY-ST-ZIP:		64. CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Dora Entis* (Signature typed or printed name of signing officer or director) DATE: *1/15/96* (Date) 1-305-920-5859 (Date time phone #)

CR2E037 (12/95)