

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

FILED

May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 828195 (8)
1. Corporation Name
OLD PARK INVESTMENTS, INC.

Principal Place of Business
1936 HARBORTOWN DRIVE
FT. PIERCE FL 34946-1446

Mailing Address
1936 HARBORTOWN DRIVE
FT. PIERCE FL 34946-1446



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/26/1972	
21		26		4. FEI Number 38-1812091	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24		25			
29		30			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HEFFLEBOWER, DAVID L 1936 HARBORTOWN DR FT. PIERCE FL 34946		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 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 reinstalling) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PD	HEFFLEBOWER, DAVID L	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1936 HARBORTOWN DRIVE		1.3 STREET ADDRESS	
FT. PIERCE FL 34946-1446		1.4 CITY - ST - ZIP	
VSD	HEFFLEBOWER, BARBARA	2.1 TITLE	2.2 NAME
1936 HARBORTOWN DRIVE		2.3 STREET ADDRESS	
FT. PIERCE FL 34946-1446		2.4 CITY - ST - ZIP	
		3.1 TITLE	3.2 NAME
		3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	
		4.1 TITLE	4.2 NAME
		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
		5.1 TITLE	5.2 NAME
		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
		6.1 TITLE	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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *David L Hefflebower* 4/21/98 (561) 466-7300

CP2E034 (10/97)