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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -9 AM 9:33

DOCUMENT # **F75544** (9)

1. Corporation Name
MOUNTAIN CITY R.V. PARK, INC.

Principal Place of Business	Mailing Address
8901 SW 95TH AVE MIAMI FL 33176	8901 SW 95TH AVE MIAMI FL 33176

New addresses

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/07/1982
3a. Date of Last Report: 06/17/1994

2. Principal Place of Business	2a. Mailing Address
21 10311 SW 137 Place	26 10311 SW 137 Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Miami Fla	27 Miami, Fla.
City & State	City & State
23	28
Zip 24 33186	Zip 29 33186
Country 25 Dade	Country 30 Dade

4. FEI Number: 59-2188358 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MINTZ, STAN ~~8901 SW 95TH AVE~~ 10311 SW 137 Place ~~MIAMI FL 33176~~ Miami Fla 33186	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	Ex D ☒ Change of address
NAME	MINTZ, BARBARA	12 NAME	~~Barbara M~~
STREET ADDRESS	8901 SW 95TH AVE	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	D ☒ Change of address
NAME	MINTZ, MARK	22 NAME	mintz, Barbara
STREET ADDRESS	3240 NE 164 ST.	23 STREET ADDRESS	10311 SW 137 Place
CITY-ST-ZIP	EASTERN SHORES FL	24 CITY-ST-ZIP	Miami Fla 33186
TITLE	PD	31 TITLE	D ☒ Change of address
NAME	MINTZ, STAN	32 NAME	mintz, Mark
STREET ADDRESS	8901 SW 95TH AVE	33 STREET ADDRESS	1700 Sans Souci Boulevard
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	North Miami Fla 33181
TITLE		41 TITLE	PD ☒ Change of address
NAME		42 NAME	mintz, Stan
STREET ADDRESS		43 STREET ADDRESS	10311 SW 137 Place
CITY-ST-ZIP		44 CITY-ST-ZIP	Miami Fla 33186
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Barbara Mintz 6/6/95 305 385-8834
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Barbara Mintz

0102074 CP