

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F92000001036 (4)

1. Corporation Name

CORPORATE PARK, INC.



Principal Place of Business

Mailing Address

604 COURTLAND ST.
STE. #138
ORLANDO FL 32804-1318
US

604 COURTLAND ST.
STE. #138
ORLANDO FL 32804-1318
US

3. Date Incorporated or Qualified
12/31/1992

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

4. FEI Number

59-3087365

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

A.G.C. CO.
200 S. ORANGE AVENUE
SUITE 2300
ORLANDO FL 32801

81 Name

RAX CO

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

50 NORTH LAURA STREET

83

SUITE 3400

84 City

JACKSONVILLE

FL

85 Zip Code

32202

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. Each 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, s. 607.0505, Florida Statutes.

SIGNATURE

Halcyon E. Skinner Halcyon E. Skinner, Pres.

5/1/1996

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

(NOTE: Registered Agent Signature is required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	CHARTOUNI, NABIL	
STREET ADDRESS	44 DAVIES ST	
CITY-ST-ZIP	LONDON W1Y 1LD ENGLAND	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	VAGHADIA, VINOD	
STREET ADDRESS	44 DAVIES ST	
CITY-ST-ZIP	LONDON W1Y 1LD ENGLAND	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SUTHERLAND, BARBARA	
STREET ADDRESS	44 DAVIES ST.	
CITY-ST-ZIP	LONDON W17LD ENGLAND	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CHARTOUNI, NABIL	
1.3 STREET ADDRESS	73 BROOK STREET	
1.4 CITY-ST-ZIP	LONDON W17 1YE	
2.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VAGHADIA, VINOD	
2.3 STREET ADDRESS	73 BROOK STREET	
2.4 CITY-ST-ZIP	LONDON W17 1YE	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SUTHERLAND, BARBARA	
3.3 STREET ADDRESS	73 BROOK STREET	
3.4 CITY-ST-ZIP	LONDON W17 1YE	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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:

VAGHADIA VINOD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 25 1996 (407) 644-7511

Date

Daytime Phone #

CR2E034 (12/95)