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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H23289

(2)

PARK AVENUE SHOPS, INC.

FILED May 06 1998 8:00am Secretary of State

Princip	al Place of Busine	Mailing Add	ng Address					I BEBU BEBU BUDE D	10 14 0707		
	PARK AVENUE		234 N. PARK AVENUE								
WINTE US	R PARK FL 32789	WINTER PAI US	WINTER PARK FL 32789				DO NOT WRITE IN THIS SPACE				
			00					3. Date Incorporated or Qualified		· · ·	· · · · · · · · · · · · · · · · · · ·
								09/26/1984			
2. Principat Place of Business			h	2a. Mailing Address				4. FEI Number			plied For
Suite, Apt. #, etc.			26 Suite Ar	Suite, Apt. #, etc.				59-2448694		\rightarrow	t Applicable Additional
 , ` }			27	¬				5. Certificate of Status Desired	T		quired
	City & State			City & State				6. Election Campaign Financing	\$	5.00	May Be
23			28					Trust Fund Contribution			o Fees
Zip		Country		Zip Cou		try		8. This corporation owes or has pa	^	_	_ ~
24	25 29 29 29 29 29 29 29 29 29 29 29 29 29			30 Sent				Personal Property Tax due June 30. Yes No			
,	WARD, CRAK					11 1	Name	10	3 .0.0.00 Pt 3 0		
105 E ROBINSON ST							Ctroot Addro	ss (P.O. Box Number is Not Acceptate	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
	SUITE 501			62 Street Add			ss (F.O. Box Nortiber is Not Acceptat	ЛОЈ			
	ORLANDO FL	. 32801			6	3					
					l e	4 (City		85	Zip (Code
						\perp	<u> </u>		FL		
11. Pursuant to the provisions of Sections 607.0502 and 607.1509. 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											
Signature, typed or profest name of registered agent and life if applicable (NOTE: Re 12. OFFICERS AND DIRECTORS						Qent :	signature required	when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	CTOR	
TITLE	DP	OI / IOE IIO AI		DELETE	13.	E		ADDITIONS/OFFANGES TO OFFIC		hange	Addition
NAME		PAULA C.		1.2 N						·]
STREET AL		PARK AVENUE		1.3 ST		ET AD	IDRESS				
CITY-ST-		R PARK FL			1.4 CITY	- ST- 2	ZIP				
TITLE	DS] DELFTE	2.1 TITL	E				hange	Addition
NAME		Craig B. Robinson Street,	OTE FAA	2.2 NAME							
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CITY-ST-	ı				64 CITY		l l				
		ne information supplied	with this filing does	not qualify for				ection 119.07(3)(i), Florida Statutes. I	further certify the	at the	information

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 it changed, or on an attachment with an address.

SIGNATURE: Paula C. Ward Anna AMAC. WARD 414/98 (407)647-2455