

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

FILED

Apr 30 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H93842** (3)  
1. Corporation Name  
**PARK STRUCTURES INC.**



Principal Place of Business <b>2280 N.W. 16 STREET POMPAÑO BEACH FL 33069</b>	Mailing Address <b>2280 N.W. 16 STREET POMPAÑO BEACH FL 33069</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 12325 Sample Road</b> Suite, Apt. #, etc.		2a. Mailing Address <b>26 12325 Sample Road</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>01/08/1986</b>	
22 City & State <b>23 Coral Springs, Fl.</b>		27 City & State <b>28 Coral Springs, Fl.</b>		4. FEI Number <b>59-2759789</b>	
24 Zip <b>33065</b>		25 Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
26 Zip <b>33065</b>		27 Country <b>USA</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
28 This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent <b>BAYMAN, ALAN 2280 NW 16 STREET POMPAÑO BEACH FL 33069</b>				10. Name and Address of New Registered Agent			
				81 Name <b>BAYMAN, Alan</b>			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>12325 Sample Road</b>			
				83			
				84 City <b>Coral Springs</b> <b>FL</b> 85 Zip Code <b>33065</b>			

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 *Alan Bayman* **ALAN BAYMAN REGISTERED AGENT** **4/23/98**  
Signature typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PS	<input type="checkbox"/> DELETE	1.1 TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BAYMAN, ALAN		1.2 NAME	BAYMAN, Alan			
STREET ADDRESS	2280 NW 16 STREET		1.3 STREET ADDRESS	12325 Sample Road			
CITY-ST-ZIP	POMPAÑO BEACH FL		1.4 CITY-ST-ZIP	Coral Springs, Fl. 33065			
TITLE	VT	<input type="checkbox"/> DELETE	2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BAYMAN, ALAN		2.2 NAME	BAYMAN, Alan			
STREET ADDRESS	2280 NW 16 STREET		2.3 STREET ADDRESS	12325 Sample Road			
CITY-ST-ZIP	POMPAÑO BEACH FL		2.4 CITY-ST-ZIP	Coral Springs, Fl. 33065			
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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 *Alan Bayman* **ALAN BAYMAN**

CR2E034 (10/97)