

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **J36312** (3)

1. Corporation Name

PARKSITE OF FLORIDA, INC.

Principal Place of Business

Mailing Address

**800 LUNT AVE
1200 S PINE ISLAND RD
PLANTATION FL 60193-415
US**

**% C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/06/1986** 3a. Date of Last Report **04/19/1994**
4. FEI Number **36-3473650** 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. 109.032, Florida Statutes Yes No

2. Principal Place of Business 26. Mailing Address
21 **800 LUNT AVE**
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 City & State 28 **SCHAUMBURG, IL**
24 Zip 25 Country 29 **60193-415** 30 **U.S.A.**

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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

Signature, Typed or Printed Name of registered agent and fee, if applicable

(NOTE: Registered Agent Signature Required when Resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRISROE, JOHN P.	1.2 NAME	
STREET ADDRESS	283 PARK DRIVE	1.3 STREET ADDRESS	
CITY ST. ZIP	PALATINE IL	1.4 CITY ST. ZIP	
TITLE	S	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORAN, MARGUERITE L.	2.2 NAME	MORROW, JOHN A.
STREET ADDRESS	418 N. IDLEWILD AVE.	2.3 STREET ADDRESS	P.O. Box 6224
CITY ST. ZIP	MUNDELEIN IL	2.4 CITY ST. ZIP	WAUWATONIA, IL 60084
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATTEE, GEORGE A	3.2 NAME	
STREET ADDRESS	39 W 836 HOWEWEED LN	3.3 STREET ADDRESS	
CITY ST. ZIP	ST CHARLES IL	3.4 CITY ST. ZIP	
TITLE		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		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		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 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)(b), 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:

JOHN A. MORROW
John A. Morrow Secretary

4/28/95 (708) 949-6171