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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **K68066** (5)

1. Corporation Name  
**PARK AVENUE HOLDINGS, INC.**

Principal Place of Business <b>% ROBERT R. KREIS 1010 EAST ADAMS STREET JACKSONVILLE FL 32202</b>	Mailing Address <b>% ROBERT R. KREIS 1010 EAST ADAMS STREET JACKSONVILLE FL 32202</b>
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified <b>02/20/1989</b>	3a. Date of Last Report <b>02/11/1994</b>	4. FEI Number <b>59-2833761</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required		
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees		
		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>KREIS, ROBERT R. 1010 EAST ADAMS STREET JACKSONVILLE FL 32202</b>	10. Name and Address of Now Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent Signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>S</b>	<b>KREIS, ROBERT R. 1010 E. ADAMS STREET JACKSONVILLE FL</b>	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>DP</b>	<b>LOVETT, R. D. 1010 E. ADAMS STREET JACKSONVILLE FL</b>	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>V</b>	<b>LOVETT, W. R. II 1010 E. ADAMS STREET JACKSONVILLE FL</b>	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>VT</b>	<b>WILLIAMS, L. D. 1010 E. ADAMS STREET JACKSONVILLE FL</b>	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>AST</b>	<b>CONNELL, JOANNE 1010 E ADAMS ST. JACKSONVILLE FL</b>	5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>Delete</b>
TITLE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		7.1 TITLE	
TITLE		8.1 TITLE	
TITLE		9.1 TITLE	

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 110.07(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: L.D. Williams **L.D. Williams, VicePres/Treas** 4-18-95 (904) 355-8311