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

5196B-6982-C

DOCUMENT # K88606 (4)

1. Corporation Name
TWO PARKS, INC.

Principal Place of Business
~~3324 SOUTH ORANGE AVE~~
~~ORLANDO FL 32806~~
US

Mailing Address
~~3324 SOUTH ORANGE AVE~~
ORLANDO FL ~~32806~~
US

2. Principal Place of Business
21 1755 N SEMORAN BLVD
Suite, Apt #, etc.
22
City & State
23 WINTER PARK, FL
Zip 24 32792 Country 25

2a. Mailing Address
26 5533 S Orange Blossom Trail
Suite, Apt #, etc.
27
City & State
28
Zip 29 32839 Country 30

3. Date Incorporated or Qualified: **05/16/1989**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2949608** ☐ 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**

TADDEI, RUBENS
~~3324 SOUTH ORANGE AVENUE~~
ORLANDO FL ~~32806~~

10. **Name and Address of New Registered Agent**
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 5533 S. Orange Blossom Trail
83
84 City FL 85 Zip Code 32839

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 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	D	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	TADDEI, RUBENS P		1.2 NAME	5533 S. ORANGE BLOSSOM TR.	
STREET ADDRESS	~~3324 SOUTH ORANGE AVE~~		1.3 STREET ADDRESS	ORL, FL 32839	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	BORRELL, EDGAR		2.2 NAME	5533 S. ORANGE Blossom TR	
STREET ADDRESS	~~3324 SOUTH ORANGE AVENUE~~		2.3 STREET ADDRESS	ORL, FL 32839	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP		
TITLE	LARRY CHIANG	☐ DELETE	3.1 TITLE	VP	☐ Change ☒ Addition
NAME			3.2 NAME	LARRY CHIANG	
STREET ADDRESS			3.3 STREET ADDRESS	5533 S OBT	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	ORL FL 32839	
TITLE		☐ DELETE	4.1 TITLE	T	☐ Change ☒ Addition
NAME			4.2 NAME	MARCELO TADDEI	
STREET ADDRESS			4.3 STREET ADDRESS	5533 S OBT	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	ORL, FL 32839	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: Rubens P. Taddei   03/11/96   (407) 851-3196
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #