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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

1. Corporation Name

DOCUMENT #

(3)

MOORHEAD PARK DEVELOPMENT CORP.						
Principal Place of	of Business	Mailing Address		* *************************************		
ELLENTON REALTY OFFICE 3912 HWY 301 NORTH ELLENTON FL 34222		ELLENTON REALTY OFFICE 3912 HWY 301 NORTH ELLENTON FL 34222				
				3. Date Incorporated or Qualified 12/27/1989	3a. Date of Last Report 05/01/1995	
2. Principat Plac 21	be of Business	2a. Mailing Address 26		4. FEI Number 59-2989931	Applied For Not Applicable	
Suite Apt. #	etc.	Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		 Election Campaign Financing Trust Fund Contribution 	S5.00 May Be Added to Fees	
Zip 24	Country 25	Z ₁ p	Country 30	8. This corporation has liability for a Florida Statutes	No	
	9. Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New R	egistered Agent	
DAVAGO	ID I DAIII					
RAYMOND, J. PAUL 400 CLEVELAND STREET			82 Street Addi	82 Street Address (P.O. Box Number is Not Acceptable)		
CLEARWATER FL 34615			B3			
OLD WIII					Tor I Zio Codo	
			84 City		FL 85 Zip Code	
or registere familiar with	d agent, or both, in the State of Flo i, and accept the obligations of, Se spinious spector of tests to obligations	rida. Such change was author ction 607,0505, Florida Statut	ized by the corporation's boales. SOL: Registered Apont Spirature respire	ration submits this statement for the pured of directors. I hereby accept the app	ointment as registered agent. Fam	
12.		ND DIRECTORS	13,	ADDITIONS/CHANGES TO OFF		
TITLE	PD	[] DELEIE	1 1 TIPLE		Change (1) Addition	
NAME	GERNAZIAN, WILLIAM		1.2 NAME			
STREET ADDRESS	3912 HWY 301 NRTH		1.3 STREET ADDRESS			
CITY - \$1 - ZiP	ELLENTON FL	[] DELETE	2 1 TILE		Change Addition	
TITLE	RAYMOND, J. PAUL	L. J. De Linte	2 7 NAME		[_] Onlings [_] Nacinon	
NAME STREET ADDRESS	400 CLEVELAND ST		2 3 STREET ADDRESS			
CHY-S1-ZIP	CLEARWATER FL		2 4 C/TY - ST - Z/P			
TITLE		[] DELETE	3 1 TITLE		[] Change [] Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREFT ADDRESS			
CITY - \$1 - ZIP			3.4 CITY - ST - ZIP			
TITLE		DELETE	4. 1 TÜL€		Change Addition	
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	4.4 CHY-ST-7IP 5.1 THF		Change Addition	
TITLE		Попп	5.1 HHT 5.2 NAME		El cimido El soucou	
NAME STREET ANDRESS			5.3 STREET ADDRESS			
STREET ADDRESS GITY-ST-ZIP			5.4 CITY-S1-7IP			
TITLE		DELETE	6 11IILL		Change Addition	
NAME		May 1 mars	6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CPTY - ST - ZEP			6.4 CHY+S1-7(P	·		
14. I do hereb	v certify that the information supplie	d with this filing is voluntarily fo	urnished and does not qualify	for the exemption stated in Section 119	07(3)(k), Florida Statutes. I further	

ruo nateuy cerny mat are miormation 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 early 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 early that I am an officer or director of the corporation of 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: MULLEUM SKANATURE AND TYPED OR PRIVILED NAME OF SIGN OF FIGER OR DIRECTOR

4-29-96 813 722-6406 Date: Continue Prione i