

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # M90365 (1)

1. Corporation Name  
**AVALON-PARK, INC.**



Principal Place of Business: ~~% ALFONS BACH, 3996 AVALON BLVD., P.O. BOX 953, MILTON FL 32572~~  
Mailing Address: ~~4545 BAYWALK CIR., PENSACOLA FL 32514~~

3. Date Incorporated or Qualified: **07/20/1988**  
3a. Date of Last Report: **07/05/1995**  
4. FEI Number: **65-0060995**  
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

2. Principal Place of Business: 21 **Alexander S Bach**  
Suite, Apt #, etc.: 22 **1333 college PKwy suit 187**  
City & State: 23 **Gulf Breeze FL**  
Zip: 24 **32561**  
Country: 25 **Sonda Rosa**  
Mailing Address: 26  
Suite, Apt #, etc.: 27  
City & State: 28  
Zip: 29  
Country: 30

9. Name and Address of Current Registered Agent  
**BACH, ALFONS**  
**4545 BAYWALK CIR**  
**PENSACOLA FL 32514**  
**Alexander S Bach**  
**1333 college PKwy #187**  
**Gulf Breeze, FL**  
**32561**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 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: *Alexander S Bach* DATE: **6/10/96**

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	BACH, ALFONS	
STREET ADDRESS	4545 BAYWALK CIR	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	BACH, ANITA S.	
STREET ADDRESS	4545 BAYWALK CIR	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	ATE	<input type="checkbox"/> DELETE
NAME	BACH, S. ALEXANDER	
STREET ADDRESS	4545 BAYWALK CIR.	
CITY - ST - ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Bach, Alexander	
13 STREET ADDRESS	1333 college PKwy suit 187	
14 CITY - ST - ZIP	Gulf Breeze, FL 32561	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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)(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.  
SIGNATURE: *Alexander S Bach* DATE: **6/10/95**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)