

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 MAR 14 AM 8:25

**DOCUMENT # P93000032768 (2)**

1. Corporation Name

**PARK CENTRAL DEVELOPMENT GROUP II, INC.**

Principal Place of Business

736 COLLINS AVENUE  
MIAMI BEACH FL 33139  
US

Mailing Address

~~1103 VERNON STREET  
NORMAL HOUSE #2-49~~  
BRATTLEBORO VT 05301

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**05/03/1993**

3a. Date of Last Report  
**03/21/1994**

4. FEI Number  
**65-0407352**

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

21. Sate, Apt. #, etc.

22. City & State

23. Zip

24. Country

2a. Mailing Address

26. Sate, Apt. #, etc.

27. City & State

28. Zip

29. Country

9. Name and Address of Current Registered Agent

**CRONIG, STEVEN C  
BAILEY HUNT JONES & BUSTO  
501 BRICKELL KEY DRIVE, SUITE 300  
MIAMI FL 33131-2623**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

**FL**

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 607.0509, Florida Statutes.

SIGNATURE

Signature of Current Registered Agent and New Registered Agent

Signature of Agent by whom name and address are received

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D  
CERSOSIMO, ANTHONY  
~~RR #0, BOX 9~~  
BRATTLEBORO VT 05301**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D  
PATTEN, HARRY S  
~~188 SLOAN ROAD~~  
WILLIAMSTOWN MA 01267**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE

12. NAME

13. STREET ADDRESS

14. CITY-ST-ZIP

Change  Addition  
**1103 VERNON STREET**

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

Change  Addition  
**665 SIMONDS ROAD**

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY-ST-ZIP

Change  Addition

41. TITLE

42. NAME

43. STREET ADDRESS

44. CITY-ST-ZIP

Change  Addition

51. TITLE

52. NAME

53. STREET ADDRESS

54. CITY-ST-ZIP

Change  Addition

61. TITLE

62. NAME

63. STREET ADDRESS

64. CITY-ST-ZIP

Change  Addition

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 any attachment with an address.

SIGNATURE:

*Anthony F. Cersosimo*  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

**ANTHONY F. CERSOSIMO**

3-9-95

602-254-4508

Date

Signature of Agent