

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. State, Apt. #, etc.

22. City & State

24. Zip

25. Country

2a. Mailing Address

26. State, Apt. #, etc.

27. City & State

29. Zip

30. 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 registered agent received

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	CERSOSIMO, ANTHONY
STREET ADDRESS	RR #0, BOX 9
CITY-ST-ZIP	BRATTLEBORO VT 05301
TITLE	D
NAME	PATTEN, HARRY S
STREET ADDRESS	188 SLOAN ROAD
CITY-ST-ZIP	WILLIAMSTOWN MA 01267
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	1103 VERNON STREET
14. CITY-ST-ZIP	
2. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	665 SIMONDS ROAD
24. CITY-ST-ZIP	
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
6. 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 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 **607-254-4508**