

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
May 09 1996 8:00 am
Secretary of State

DOCUMENT # **P93000038992 (2)**

1. Corporation Name
OPA LOCKA - PARK CITY, INC.



Principal Place of Business: **C/O OPA LOCKA CDC
490 OPA LOCKA BLVD., SUITE 20
OPA LOCKA FL 33054**

Mailing Address: **C/O OPA LOCKA CDC
490 OPA LOCKA BLVD., SUITE 20
OPA LOCKA FL 33054**

3. Date Incorporated or Qualified: **05/26/1993**
3a. Date of Last Report: **09/21/1995**

4. FEI Number: **65-0421308**
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

2. Principal Place of Business: 21
Sute, Apt. #, etc.: 22
City & State: 23
Zip: 24 Country: 25

2a. Mailing Address: 26
Sute, Apt. #, etc.: 27
City & State: 28
Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
**BALDWIN, STEPHANIE
C/O OPA LOCKA CDC
490 OPA LOCKA BLVD., SUITE 20
OPA LOCKA FL 33054**

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 607.0602 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: _____ DATE: _____
NOTE: Registered Agent signature required when the state is changed.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLOWAY, WILBERT T	1.2 NAME	
STREET ADDRESS	6231 N.W. 201 ST.	1.3 STREET ADDRESS	
CITY- ST- ZIP	HIALEAH FL 33015	1.4 CITY- ST- ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAKELY, JACK	2.2 NAME	
STREET ADDRESS	1945 N.W. 152ND TER.	2.3 STREET ADDRESS	
CITY- ST- ZIP	OPA LOCKA FL 33054	2.4 CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, MICHAEL	3.2 NAME	
STREET ADDRESS	4403 N.W. 73RD WAY	3.3 STREET ADDRESS	
CITY- ST- ZIP	CORAL SPRINGS FL 33065	3.4 CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, MARY ALICE	4.2 NAME	
STREET ADDRESS	2444 N.W. 135th STREET	4.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL 33167	4.4 CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BALDWIN, STEPHANIE	5.2 NAME	
STREET ADDRESS	17745 N.W. 22ND AVENUE	5.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL 33056	5.4 CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOGAN, WILLIE	6.2 NAME	
STREET ADDRESS	18870 N.W. 53RD PLACE	6.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL 33168	6.4 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 included 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: *Stephanie Baldwin* **STEPHANIE BALDWIN** 5/6/96 (305) 687-3545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-Month-Year

CR2E034 (12/95)