

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Mar 23 1998 8:00am**  
**Secretary of State**

|  |   |   |
|--|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # P93000038992 (2)**  
 1. Corporation Name  
**OPA LOCKA - PARK CITY, INC.**

|  |  |
|--|--|
| Principal Place of Business<br><b>C/O OPA LOCKA CDC<br/>         490 OPA LOCKA BLVD., SUITE 20<br/>         OPA LOCKA FL 33054</b> | Mailing Address<br><b>C/O OPA LOCKA CDC<br/>         490 OPA LOCKA BLVD., SUITE 20<br/>         OPA LOCKA FL 33054</b> |
|--|--|



DO NOT WRITE IN THIS SPACE

|                                |                         |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address     |
| 21. Suite, Apt. #, etc.        | 26. Suite, Apt. #, etc. |
| 22. City & State               | 27. City & State        |
| 23. Zip                        | 28. Zip                 |
| 24. Country                    | 29. Country             |
| 25. Country                    | 30. Country             |

|  |                                       |
|--|---------------------------------------|
| 3. Date Incorporated or Qualified<br><b>05/26/1993</b>   | Applied For                           |
| 4. FEI Number<br><b>65-0421308</b>   | Not Applicable                        |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b> |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>    |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

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   | 85. Zip Code |
| 82. Street Address (P.O. Box Number is Not Acceptable) | <b>FL</b>    |
| 83.  |              |
| 84. City   |              |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                               | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12             |   |
|----------------------------|-------------------------------|---|---|
| TITLE                      | NAME                          | 1.1 TITLE   | 1.2 NAME  |
|                            | <b>D HOLLOWAY, WILBERT T</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |
| STREET ADDRESS             | <b>6231 N.W. 201 ST.</b>      | 1.3 STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>HIALEAH FL 33015</b>       | 1.4 CITY-ST-ZIP   |   |
|                            | <b>D BROWN, MARY ALICE</b>    | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             | <b>2444 NW 135TH ST</b>       | 2.2 NAME  |   |
| CITY-ST-ZIP                | <b>MIAMI FL</b>               | 2.3 STREET ADDRESS  |   |
|                            | <b>D MARTIN, MICHAEL</b>      | 2.4 CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             | <b>4403 N.W. 73RD WAY</b>     | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY-ST-ZIP                | <b>CORAL SPRINGS FL 33065</b> | 3.2 NAME  |   |
|                            | <b>D BALDWIN, STEPHANIE</b>   | 3.3 STREET ADDRESS  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             | <b>17745 NW 22ND AVENUE</b>   | 3.4 CITY-ST-ZIP   |   |
| CITY-ST-ZIP                | <b>MIAMI FL</b>               | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                            | <b>D LOGAN, WILLIE</b>        | 4.2 NAME  |   |
| STREET ADDRESS             | <b>18870 NW 53RD PLACE</b>    | 4.3 STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>MIAMI FL</b>               | 4.4 CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                            |                               | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |                               | 5.2 NAME  |   |
| CITY-ST-ZIP                |                               | 5.3 STREET ADDRESS  |   |
|                            |                               | 5.4 CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |                               | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY-ST-ZIP                |                               | 6.2 NAME  |   |
|                            |                               | 6.3 STREET ADDRESS  |   |
|                            |                               | 6.4 CITY-ST-ZIP   |   |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 an attachment with an address.

SIGNATURE: *Stephanie Williams-Baldwin* *Stephanie Williams-Baldwin* (305) 687-3545  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 3/16/98 Daytime Phone # 0187194

CP2E034 (10/97)