

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P93000057714 (6)

1. Corporation Name

UNION PARK PROPERTIES, INC.

FILED
DIVISION OF STATE
95 FEB 17 PM 3:21

Principal Place of Business		Mailing Address		DO NOT WRITE IN THIS SPACE	
3113 TOFA COURT LONGWOOD FL 32779 US		P O BOX 550666 LAKE MARY FL 32795-666 US		3. Date Incorporated or Organized 08/13/1993	
2. Principal Place of Business		2a. Mailing Address		3a. Date of Last Report 04/20/1994	
21	2b. State, Apt. #, etc	26	Suite, Apt. #, etc	4. TEL Number 65-0429666	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country 25	29	Country 30	7. This corporation has liability for intangible tax under G. 19.03(2), Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
COHN, RONALD B ESQ 705 W. AZEEL ST. TAMPA FL 33606				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 607.0505, Florida Statutes.

SIGNATURE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	D BALIN, GREGG P.O. BOX 552 N/A BRIDGETON NJ 08302	1. NAME 12 NAME 13 STREET ADDRESS 14 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D WADE, JAMES W 3113 TOFA COURT LONGWOOD FL	21. NAME 22 NAME 23 STREET ADDRESS 24 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D HOMBURGER, JEFFREY E 152 E. 94TH ST. NEW YORK NY 10128	31. NAME 32 NAME 33 STREET ADDRESS 34 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D SWIRNOW, RICHARD 112 E. 25TH ST. BALTIMORE MD 21218	41. NAME 42 NAME 43 STREET ADDRESS 44 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		51. NAME 52 NAME 53 STREET ADDRESS 54 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		61. NAME 62 NAME 63 STREET ADDRESS 64 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		71. NAME 72 NAME 73 STREET ADDRESS 74 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I declare by oath that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption provided in Section 109(c)(2) from Florida Statute. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that no corporation, firm or other entity has made or will make any claim against me for the preparation of this document under Chapter 11, Florida Statute, or that I have not been party to any action or proceeding with an adverse judgment.

SIGNATURE: *James Wade*
PRINTED NAME AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR

2/13/95 (407) 333-3830