

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P93000066586 (7)

1. Corporation Name
CORPORATE PARK REALTY CORP.

Principal Place of Business: 90 354 OFFICE PLAZA MAGNOLIA OFFICE CTR. TALLAHASSEE FL 32301
Mailing Address: 90 354 OFFICE PLAZA MAGNOLIA OFFICE CTR. TALLAHASSEE FL 32301

3. Date Incorporated or Qualified: 9.24.93
3a. Date of Last Report

21	2. Principal Place of Business	2a	Mailing Address	4	FEI Number	Applied Fee
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.		13-3746990	Not Applicable
23	City & State	27	City & State	5	Certificate of Status Desired	\$8.75 Addition Fee Required
24	Zip	28	City & State		<input type="checkbox"/>	
25	Country	29	City & State	6	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
26	Country	30	Country		<input type="checkbox"/>	
				8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
XL CORPORATE SVCS, INC 354 OFFICE PLAZA MAGNOLIA OFFICE CENTER TALLAHASSEE FL 32301			81	Name	
			82	Street Address (P.O. Box Number is Not Acceptable)	
			83		
			84	City	85
				FL	

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 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: _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning) DATE: _____

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"/> Add
NAME	BREGER EDWARD E	1.2 NAME	
STREET ADDRESS	595 MADISON AVE., SUITE 1010	1.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY 10022	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		6.2 NAME	800001881278
STREET ADDRESS		6.3 STREET ADDRESS	-07/02/96--01046--010
CITY - ST - ZIP		6.4 CITY - ST - ZIP	***225.00

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 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: X *Edward E. Breger* 6/18/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR