

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

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

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98 FEB 19 PM 3:31

DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P 93 0000 66 586 (7)**
 1. Corporation Name
Corporate Park Realty Corp.

Principal Place of Business
**46 354 Office Plaza
 Magnolia Office Ctr.
 Tallahassee, FL 32301**

Mailing Address
**c/o 354 Office Plaza
 Magnolia Office Ctr.
 Tallahassee, FL 32301**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21. **20801 Biscayne Blvd**
 Suite, Apt. #, etc. **Ste 455**
 City & State **Aventura FL**
 Zip **33180** Country **US**

26. Mailing Address
 26. **20801 Biscayne Blvd**
 Suite, Apt. #, etc. **Ste 455**
 City & State **Aventura FL**
 Zip **33180** Country **US**

3. Date incorporated or Qualified **9-24-93**

4. F.I.I. Number **13-3746990** 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**XL Corporate Services, Inc.
 354 Office Plaza
 Magnolia Office Ctr
 Tallahassee FL 32301**

10. Name and Address of Now Registered Agent
 B1 Name
 B2 Street Address (P.O. Box Number Is Not Acceptable)
 B3
 B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 _____
 Signature, typed or printed name of registered agent and file if applicable. (Both Registered Agent signature required when changing)

12. OFFICERS/DIRECTORS

1 NAME DELETE
D Breger, Edward E
 STREET ADDRESS **595 Madison Ave. Ste 1010**
 CITY-ST-ZIP **New York, NY 10022**

2 NAME DELETE

3 NAME DELETE

4 NAME DELETE

5 NAME DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 NAME Change Addition
 12 NAME
 13 STREET ADDRESS **400 Park Ave, Floor 19**
 14 CITY-ST-ZIP **New York, NY 10022**

21 NAME Change Addition

22 NAME

23 STREET ADDRESS **700002440917--2**

24 CITY-ST-ZIP **-02/25/98--01096--001**

31 NAME *****323.75 Change***323.75**

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 NAME Change Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 NAME Change Addition

52 NAME **FL 2-20-98**

53 STREET ADDRESS

54 CITY-ST-ZIP

61 NAME Change Addition

62 NAME

63 STREET ADDRESS

64 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 applicable, on an accurate list with an address.

SIGNATURE: *Edward E Breger* **2-12-97** **914-634-4674**
 Signature, typed or printed name of registered agent and file if applicable. (Both Registered Agent signature required when changing)

CR2E034 (10/97)

Fasman, Klein & Feldstein

Certified Public Accountants

914 634-4674/5/6

FAX 914 634-2328

627 SOUTH MAIN STREET
(ROUTE 304)
NEW CITY, NEW YORK 10956-2947

DENNIS N. FASMAN, CPA
MITCHELL L. KLEIN, CPA
ALAN D. FELDSTEIN, CPA

February 10, 1998

**Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399**

**RE: Corporate Park Realty Corp.
P93000066586 (7)**

Dear Sir/Madam:

The above mentioned client has requested that we contact you in regard to their current status.

Please be advised that this client never received an annual report from your division for the filing year of 1997.

The previous address of this entity was:

c/o 354 Office Plaza
Magnolia Office Ctr.
Tallahassee, Florida 32301

This address was changed to:

20801 Biscayne Blvd.
Suite 455
Aventura, Florida 33180

Unfortunately, however, when your division mailed the annual report for 1997 to the old address, the mail was never forwarded to our client.

(3)

In light of these circumstances, and our client's exemplary history of satisfying their filing obligations, we would request a one-time waiver of any penalties and ask that you accept a check for \$323.75 to cover the filing fees for 1997 and 1998 to reinstate our client's corporate status.

Kindly contact my office at 914-634-4674 to inform us as to your decision. The owner of this entity will not be available to receive your response. **Power of Attorney Enclosed !!**

Your expedient reply is much appreciated as this entity is a general partner in a limited partnership which has annual report filing deadlines as well.

Thank you in advance for your assistance in this matter.

Very truly yours,



Mitchell L. Klein, CPA
FASMAN, KLEIN & FELDSTEIN

MLK/pd

cc: Corporate Park Realty Corp.

File: C:\wpwin60\mlk\corppark.lr2