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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400000048 (6)

PARK WASHINGTON DEVELOPMENT CO., INC.

Principal Place of Business
1024 WASHINGTON AVE
MANU DEACH EL 20120

Mailing Address

1024 WASHINGTON AVE MIAMI BEACH FL 33139-5018

FILED Apr 22 1997 8:00am Secretary of State



MIAMI DEAGN	FL 33138	WILLIAM DEVOIT IE ANIA	0010			1			
						s. Date Incorporated or Qualified 01/01/1994	3a. Date 0 04/22/		port
Principal Place of Business 2a. Mailing Address						4. FEI Number	***************************************	Apr	plied For
26						65-0456859			t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc						5. Certificate of Status Desired	_ \$	8.75 A	
27						G, October of States Section		Fee Re	quired
City & Stat	e	City & State	City & State			6. Election Campaign Financing		\$5.00	
23		28				Trust Fund Contribution		Added to	
Ζφ	Country	Zip		country	′	8. This corporation has liability for			199.032,
24	25	29	30			,	Yes 12		
	9. Name and Address of Curr	rent Registered Agent		81	Litera	10. Name and Address of New Re	Bisteled Võe	mt	
Kasdin, Neisen o Esq					Name				
1110 BRICKELL AVE					Street Add	iress (P.O. Box Number is Not Acceptab	ile)		
	FLOOR								
MIA	MI FL 33131			83					
				84	City		FL	35 Zip (Code
					<u> </u>	poration submits this statement for the p		escino it	n sociolosod
SIGNATURE	am familiar with, and accept the ob					ired when reinstaling)	DATE		
12.	OFFICERS A	AND DIRECTORS	1	3.		ADDITIONS/CHANGES TO OFFIC	ERS AND DI	RECTOR	S IN 12
TITLE	P	☐ DELETE	1.	1 TITLE				Change	Addition
NAME	KELSEY, DAVID		1.	2 NAME					
STREET ADDRESS	1020 WASHINGTON AVENU	E	1.	3 STREE	T ADDRESS				
CHY-SY-ZiP	MIAMI BEACH FL		1.	4 CITY-	ST-ZIP	·			
TITLE	S	☐ DELETE	2.	1 TITLE				Change	Addition
NAME	YOUNG, GLADYS		2.	2 NAME					
STREET ADDRESS	221 LINKS DRIVE WEST		2.	3 STREE	T ADDRESS				
CITY-ST-ZIP	OCEANSIDE NY		2.	4 CITY-	ST-ZIP				
TITLE		DELETE	3.	1 TITLE				Change	Addition Addition
NAME			3.	2 NAME					
STREET ADORESS			3.	3 STREE	T ADDRESS				
CITY - ST - ZIP			3.	4. CITY-	ST-ZIP				
TILLE		DELETE	4.	.1 TITLE			<u> </u>	Change	Addition
NAME			4.	2 NAME					
STREET ADORESS	1		4.	3 STREE	T ADDRESS				
CITY-ST-7/P			4.	4 CITY-	ST-ZIP				
11/LF		☐ DELETE	5	1 TITLE			L.	Change	Addition
NAME			5	2 NAME					
STREET ADDRESS			5	3 STREE	T ADDRESS				
CITY-ST-ZIP				A CITY-	ST-2IP				
Trice		☐ DELETE	6	.1 TITLE				Change	Addition
NAME			6	2 NAME					
STREET ADDRESS			6	.3 STREE	T ADORESS				
CITY - ST - ZIP			6	4 CITY-	ST-ZIP				
44 Ldo boro	by cort to that the information start	alled with this filling does not o				ed in Section 119.07(3\(i), Florida Statute	s. I further cr	artify that	the

4. I do hereby certify that the information shapled 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 he 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 that at all attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING

·····

305-534-1199