

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Virginia H. Murray
Governor of State
1995-1999

DOCUMENT # P94000052846 (0)

301 PARK NORTH, INC.

APPROVED
AND
FILED

APPROVED
AND
FILED

COMMERCIAL AND PROFESSIONAL SERVICE
CORPORATION
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

1. Name of Corporation		2a. Mailing Address	
8466 N. LOCKWOOD RIDGE RD SUITE 300 SARASOTA FL 34243		8466 N. LOCKWOOD RIDGE RD SUITE 300 SARASOTA FL 34243	

DO NOT WRITE IN THIS SPACE

2. Incorporation Date	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	07/18/1994	
22. State of Incorporation	27. State of Mailing Address	4. FEI Number	Applied For / Not Applicable
22	27	65-0509404	
23. City & State	28. City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input checked="" type="checkbox"/>	
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	29	<input type="checkbox"/>	
		7. This corporation has liability for intangible tax under S. 189.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

RUSSELL, JEFFREY S
240 S. PINEAPPLE AVE.
10TH FLOOR
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	85. Zip Code
	FL

11. Pursuant to the provisions of Sections 607.02(1) and 607.1504, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent as 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 hereby withdrawing the resignation of my predecessor. Florida Statutes.

SIGNATURE _____ Title _____
 Title _____ Title _____

12. OFFICERS AND DIRECTORS

NAME	D DESEMBERG, TREY 8466 N. LOCKWOOD RIDGE RD., STE. 300 SARASOTA FL 34243
NAME	
NAME	
NAME	
NAME	
NAME	
NAME	
NAME	
NAME	
NAME	

13. ADDITIONAL CHANGES TO OFFICE OR ANY DIRECTORS IN 12

1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY	
5. NAME	
6. STREET ADDRESS	
7. CITY	
8. NAME	
9. STREET ADDRESS	
10. CITY	
11. NAME	
12. STREET ADDRESS	
13. CITY	
14. NAME	
15. STREET ADDRESS	
16. CITY	

14. I hereby certify that the information supplied with this filing is accurate, complete and does not qualify for the exemption stipulated in Sections 607.02(1) and 607.1504, Florida Statutes. Further, that the information included in this annual report and supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the business of the corporation to which this report is prepared by, Chapter 607, Florida Statutes, and that my name appears in this report as a director or officer of the corporation or business of the corporation.

SIGNATURE: *Trey Desenberg*
 SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/95 813-727-7000