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 #	P95000020468	(1)
 Corporation Name 		` '

PARK OPERATIONS, INC.

Principal Place	e of Business	Mailing Address		ı iddilodi ita idiği ötli öbşit ebili ödili balil	6 31819 MOTEL DEGLO DIERE 1801 1801
6940 LIONS I BOCA RATOR		6940 LIONS HEAD LI BOCA RATON FL 334			
				3. Date Incorporated or Qualified 3a. D 03/14/1995	Date of Last Report
2. Principal Pi	ace of Business	2a. Mailing Address	7778	4. FEI Number	Applied For
21		26		65-0575702	Not Applicable
Suite, Apt.		Suite, Apt. #. etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	B	Orty & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zτρ	Country	Zip	Country	8. This corporation has liability for intangible	
24	25	29	30	Florida Statutes Yes No	
	9. Name and Address of Curr	ent Registered Agent	81 Name	10. Name and Address of New Register	ed Agent
I CCDO	FONADO		loi Name		
	LEONARD		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	ONS HEAD LN ATON FL 33496		63		
BOUA R	ATON FL 33490				
			84 City		85 Zip Code
or register	to the provisions of Sections 607.05 ed agent, or both, in the State of Fic th, and accept the obligations of, Sc	inda. Such change was aufhor	ized by the comoration's boa	ration submits this statement for the purpose of rid of directors. Thereby accept the appointment	obposito construer effect
SIGNATURE.					
	Symbol tyrd orproserant drogotated to		SOTE Registered Agend signal neither over		
12.	OFFICERS A	ND D-RECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE NAME		☐ D€LETE	1 1 TITLE		Change Addition
STREET ADORESS	LEEDS, LEONARD 6940 LIONS HEAD LN		1.2 NAME		
	BOCA RATON FL 33496		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	BOOK HATON PE 33498	DELETE	1.4 C(TY - ST - Z)P 2 1 T)T.JE		Change Addition
NAME			2.2 NAME		☐ custige ☐ Madition.
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CHY-S*-7iP		
TITLE		DELETE	3 1 TIFLE	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition
NAME		_	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			3.4 City-St-Zif		
TIFLE		DELFTE	4 1 11/12		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADORESS		
CITY - ST - ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELE1E	5 1 Tillef		Change Addition
NAME			5.2 NAME		İ
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY - \$1 - 7IP		
TITLE		DELETE	6 : TITUF		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		İ
DiTY-ST-ZIP	*		6.4 O(1Y+S1+ZIP		

14. I do hereby certify that the information supplied with this thing 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 suppliemental 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 of the receiver or trusted 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, by or an attachapent with an address.

SIGNATURE: fronker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/96

407-483-6400 302-651-0275 12E034 (12/95