

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P95000051777 (7)

1. Corporation Name

PARK AVENUE HOMES, INC.



Principal Place of Business

Mailing Address

**2480 HAMMONDVILLE RD
POMPANO BEACH FL 33069**

**2480 HAMMONDVILLE RD
POMPANO BEACH FL 33069**

3. Date Incorporated or Qualified
06/29/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

☒ 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 has liability for intangible tax under s. 199.032,
 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CARTER, JOHN E
1300 N FEDERAL HWY
SUITE 312
BOCA RATON FL 33432**

81 Name **George H. Aslanian**
 82 Street Address (P.O. Box Number is Not Acceptable)
511 NE 3rd Ave.
 83 **It. Candidate, FL.**
 84 City **FL** 85 Zip Code **33308**

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 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

Signature typed or printed of new registered agent, and fee, if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

7/17/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	KESNOR, KAREN R.	
STREET ADDRESS	2480 Hammondville RD	
CITY-ST-ZIP	Pompano Beach, FL 33069	
TITLE	P	<input type="checkbox"/> DELETE
NAME	KESNOR, HENRY R.	
STREET ADDRESS	2480 Hammondville RD	
CITY-ST-ZIP	Pompano Beach, FL 33069	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	Callahan, Sam S.	
STREET ADDRESS	2480 Hammondville RD	
CITY-ST-ZIP	Pompano Beach, FL 33069	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	KESNOR, KAREN R.	
13 STREET ADDRESS	2480 Hammondville RD	
14 CITY-ST-ZIP	Pompano Beach, FL 33069	
21 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	KESNOR, HENRY R.	
23 STREET ADDRESS	2480 Hammondville RD	
24 CITY-ST-ZIP	Pompano Beach, FL 33069	
31 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	KESNOR, CALIHAN, SAM S.	
33 STREET ADDRESS	2480 Hammondville RD	
34 CITY-ST-ZIP	Pompano Beach, FL 33069	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HENRY R. KESNOR

PRESIDENT

7/17/96

DATE

954-974-0200

Original Phone #

CR2E034 (3/96)