

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

PROFIT CORPORATION ANNUAL REPORT



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

1996 5-1-96 B-3209

DOCUMENT # P95000082857 (0)

1. Corporation Name  
1600 OAKLAND PARK CORP.



Principal Place of Business: 2200 N.W. 17 STREET, POMPANO BEACH FL 33069  
Mailing Address: 2200 N.W. 17 STREET, POMPANO BEACH FL 33069

3. Date Incorporated or Qualified: 10/25/1995  
3a. Date of Last Report

21	2. Principal Place of Business	2a	Mailing Address	4	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.	65-0623337		Not Applicable
22	City & State	27	City & State	5	Certificate of Status Desired	\$8.75 Additional Fee Required
	Zip	28	Country		<input type="checkbox"/>	
23	City & State	29	City & State	6	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	Zip	30	Country		<input type="checkbox"/>	
24	Country	31	Country	8	This corporation has liability for intangible tax under s 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

SCHILLINGER, LEE H  
4801 SHERIDAN STREET  
SUITE 202  
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

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

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STUART LUTZ	1.2 NAME	
STREET ADDRESS	2200 NW 17TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH., FL 33069	1.4 CITY-ST-ZIP	
TITLE	VICE PRESIDENT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENRY LUTZ	2.2 NAME	
STREET ADDRESS	2200 NW 17TH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH., FL 33069	2.4 CITY-ST-ZIP	
TITLE	DIRECTOR <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD LUTZ	3.2 NAME	
STREET ADDRESS	2200 NW 17TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH., FL 33069	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Richard Lutz 2/16/96 305-971-5222  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)