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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

P95000090582 (4) DOCUMENT #
1. Corporation Name

32 32	ACH PARK, INC.				1 118 118 118 118 118 118 118 118 118 1			
Principal Place	of Business	Malling Address			- 10011001 665 18606 01	III QBBII GOTH GO		
4108 BOYD LANE PALM HARBOR FL 34685 4108 BOYD LANE PALM HARBOR FL 34685								
					3. Date Incorporated or 11/27/1995	Qualified	3a. Date of Last F	Report
2. Principa! Pla 21 4650 W	ace of Business N. Kennedy Blvd .	2a. Mailing Address 26 4650 W. K	ennedy Bl	vd.	4. FEI Number 59-3348138	\mathcal{I}		Applied For Not Applicable
Suite, Apt. # 22		Suite, Apt. #, etc.			5. Certificate of Status [Desired [5 Additional Required
City & State		City & State	_		6. Election Campaign Fi	~ r	¬ \$5.0	10 Мау Ве
23 Tampa, Zip	, FL, Country	28 Tampa, F			Trust Fund Contributi	011		d to Fees
24 33609	25 USA	ΖΙρ 29 33609	Gountry 30 US	A	8. This corporation has Florida Statutes	liability for inta	"	199.032,
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address	of New Reg	Istered Agent	
			81	Name				
), John G Dyd Lane		82 5	2 Street Address (P.O. Box Number is Not Acceptable)				
PALM H	ARBOR FL 34685		83					
				City			FL T	p Code
rr. ruisuani t	io tue brovisions of sections out os	uz antrouz, roue, rionda atait	πes, της above∙nar	mea corporati	ion submits this statement	for the purpo:	se of changing its	registered office
SIGNATURE	to the provisions of Sections 607.05 ed agent, or both, in the State of Fig. th, and accept the obligations of, Sections, speed or profed name of registered agents.	aturas abnor , eueu, voe noma	3S.			ot the appoint		
SIGNATURE	Signature, typed or profed name of registered ag	aturas abnor , eueu, voe noma	IS. IOTE: Registered Agent si		fien reinstating)		DATE	
SIGNATURE	Signature, typed or profed name of registered ag	ent and the # applicable (fi	3S.				DATE	
SIGNATURE	Signature, typed or profed name of registered ag	ent and thin it applicable	IOTE: Registered Agent se	ignature required w	then reinstading! ADDITTIONS/CHANGE	S TO OFFICE	DATE RS AND DIRECTO	
SIGNATURE 12.	Signature, typed or profed name of registered ag	ent and thin it applicable	IOTE: Registered Agent 6i	ignature required w	nten reinstadnyl ADDITIONS/CHANGE Phn Capelo	S TO OFFICE	DATE RS AND DIRECTO	
SIGNATURE	Signature, typed or profed name of registered ag	ent and trie of applicable.	NOTE: Registered Agent significant 1.1 TiTLE	ignature required w)) Jo	hen reinstading! ADDITIONS/CHANGE phn Capelo 08 Boyd Lane	S TO OFFICE	DATE RS AND DIRECTO	DRS IN 12 X Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or profed name of registered ag	ent and thin it applicable	IOTE Registered Agent set 13 - 1,1 Title 1,2 NAME 1,3 STREET AD	ignature required w)) Jo	nten reinstadnyl ADDITIONS/CHANGE Phn Capelo	S TO OFFICE	DATE RS AND DIRECTO	DRS IN 12
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	Signature, typed or profed name of registered ag	ent and trie if applicable. ## AND DIRECTORS DELETE DELETE	13	JO DORESS 41 Pa	ADDITIONS/CHANGE TO Capelo OB Boyd Lane Im Harbor, FL	S TO OFFICE PRE 34685	DATE RS AND DIRECTO Change Change Change	DRS IN 12 X Addition Addition
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certify that the information indicated on this almust 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 18 if changed or on an attachment with an address.

SIGNATURE: