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

PROFIT



FLORIDA DEPARTMENT OF STATE

ANNUA	ORATION AL REPORT 996	Sandra B. Secretary DIVISION OF CO	of State		
DOCUM 1. Corporation N	IENT # P9500 PRKS, INC.	0095078 (8)		L LEADINADI ME ABIBI DINA BONK DAIN BOKK	T BANK KARA BINY BANK TANG ATA 1881
Principal Place of Business 8209 N.W. 8TH PLACE		Mailing Address 8209 N.W. 8TH PLACE			89/10 A448; 8411 89/14 1085; 1071 1487
PLANTATION FL	L 33324	PLANTATION FL 33324		3. Date Incorporated or Qualified 12/13/1995	3a. Date of Last Report
2. Principal Plac	ce of Business	28. Mailing Address 26		4. FEI Number 65-0632/6	3 Applied For Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	+	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25		Country 30	This corporation has liability for in Florida Statutes Yes Name and Address of New Re	□No
,	9. Name and Address of Curr	ent Hegistered Agent	81 Name	10. Name and Address of New Yor	giatorea Agent
Gardner, Ian 18209 N.W. 8th Place				ess (P.O. Box Number is Not Acceptable)
PLANTATI	ON FL 33324		83 84 City		85 Zip Code
11. Pursuant to	the provisions of Sections 607.05	502 and 607.1508, Florida Statutes	the above parved cores	ration submits this statement for the purp	ose of changing its registered office
or registere	ed agent, or both, in the State of FI n, and accept the obligations of, Si	orida. Such change was authorized	by the corporation's boa	rd of directors. I hereby accept the appoi	niment as registered agent. Lam
SIGNATURE	Signaturo typed or printed name of registered as	goot and tric if applicative (KOTE AND DIRECTORS	Registered Agent signature require	od when reinstaling! ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTORS IN 12
TITLE	D	DELFTE	1. 1 TOLE		Change Addition
NAME STREET ADDRESS	Gardner, IAN 8209 N.W. 8TH PLACE		1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33324		1.4 CITY - \$T - ZIP		
TITLE	,	DELETE	2 1 TITLE 22 NAME		Change Addition
NAME STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CITY - ST - ZIP		Change Addition
TITLE NAME		☐ DELETE	3 1 TIJLE 3.2 NAME		Change Addition
STREET ADDRESS			3.3. STREET ADDRESS		
CITY-ST-ZIP	A MARIE AND PROPERTY OF THE PR	DELETE	3 4 CITY - \$1 - 7/P 4 1 TITLE		Change Addition
TITLE NAME		EJ beccie	4.2 NAME		· _
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELĒTE	4.4 C(TY - ST - Z(P) 5 1 TITLE	200001: 35 -06/07/96010	Etiange Addition
TITLE NAME		Classer	5 2 NAME	~06/07/96~-010(06001
STREET ADDRESS			5 3 STREET ADDRESS	***200.00	Cilo
CITY-ST-7IP		T DELETE	5.4 CHY-ST-ZIP 6. 1 TITLE		Chalgo Addition
TITLE NAME		Doctor	6.2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		2/1/
CITY-ST-ZIP	w certify that the information exposi-	ed with this filing is voluntarily furnic	6.4 CHY-ST-ZIP	for the exemption stated in Section 119.	07(3)(k), Florida Statutes. I further
certify that oath; that appears in	ry centry that the impuritation is upport the information indicated on this a Lam an officer or director of the co n Block 12 or Block 13 if opinioed,	annual report or supplemental annu- arporation or the receiver or trustee or on an attachment with an addre	al report is true and accur empowered to execute these.	for the exemption stated in Section 119. rate and that my signature shall have the his report as required by Chapter 607, Fix	same legal effect as if made under orida Statutes; and that my name
SIGNAT	URE: SIGNATURE AND TYPE	D OR PRINTED NAME OF SIGNING OFFICER	DONE A	4/26/96	954/452-7301 Dayting Priore #