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Mailing Address

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 02 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000013508 (2)

SOUTH PARK SIX, INC.

Principal Place of Business

SIGNATURE

| 1540 LATHAM ROAD WEST PALM BEACH FL 33409 | | | 1540 LATHAM ROAD West Palm Beach FL 33409-5113 | | | | | | | | | | | | |
|--|-------------------------------|---|---|-------------------|----------------|-------------|-------------|--------------|-----------------------|----------------------------|----------------------|-------------------|-----------------------|---------------------------|--------------------------------|
| | | | | | | | | 3. | Date In 02/12 | corporate /1996 | d or Qua | lified | 3a. Da | ate of Last | Report |
| 2. Principal Place of Business | | | 2a. Mailing Address | | | | | 4. | FEI Nur | | | | | | Applied For |
| 21 | | | 26 | | | | | | - كما | Ob_A | <u>88°</u> | 13 | | N | lot Applicable |
| Suite, Apt #, etc | | | Suite, Apt. #, etc. | | | | 5. | Certific | ate of Stat | us Desir | ed | X | | Additional Required | |
| City & State | | | 28 | | ur:m | | | | Campaig and Contri | • | ing | | | May Be I to Fees | |
| Zip 24 | 25 | Country | 29 | Zip | 30 Cou | untry | | | Florida | Statutes | | | Yes [| No | s. 199.032, |
| | | Address of Curren | t Registe | red Agent | | | | 10. | Name | and Addr | ess of N | ew Reg | jistered | Agent | |
| | TALFUMO, DAN | | | | | 81 1 | lame | | | d .,. | | | | | |
| | 10 LATHAM RO EST PALM BEAC | | | | | 82 83 | | ddres (Y | eta Ata | Number I | s Not Ac | ceptabl | e) | | |
| | | | | | | B4 T | ŽÍM | Br | anh | Dar | DE | v S | FL | 85 Zip | Code 3410 |
| office or | registered agent. | of Sections 607.050 or both, in the State and accept the obliga | of Florida | a. Such change wa | s authorize | ed by th | amed o | orporation's | on submi board of | ls tois stat directors. | ement fo I hereby | r the po accep | urpose o t the app | f changing pointment a | its registered s registered |
| SIGNATURE | Shinature, typed or pr | inted name of registered age | n; and tile if | applicable 4N | OTE: Registere | ed Agent s | ignature ri | equired whe | n reinslating |) | | | DATE | | |
| 12. | | OFFICERS AND | | | 13. | <u></u> | | | ADDITIO | NS/CHAN | GES TO | OFFICI | ERS AND | DIRECTO | RS IN 12 |
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14. I do noreby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 eceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

S. Catalfuno 4/23/9