FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000058974 (2)

D&M CORAL SPRINGS PARK, INC.

Principal Place of Business 1965 EAST EAGLE TRACE BLVD. Mailing Address

1865 EAST EAGLE TRACE BLVD.

FILED Mar 04 1998 8:00am Secretary of State



CORAL SPRINGS FL 33071		CORAL SPRINGS FL 33071				DO NOT WRIT	E IN THIS	SPACE	
					3.	Date Incorporated or Qualified			• • • • • • • • • • • • • • • • • • • •
						07/12/1996			
	lace of Business	2a. Mailing Address			4.	FEI Number			Applied For
21 Suite Ant		26			i	65-0690106			Not Applicable
22		Suite, Apt. #, etc.			5.	Certificate of Status Desired			75 Additional ee Required
City & State	ө	City & State				Election Campaign Financing Trust Fund Contribution		\$5 Ad	.00 May Be ded to Fees
Zip	Country	Zip	Сол	ntry	8.	This corporation owes or has p	aid the cur	_	
24	25		30			Personal Property Tax due Jun	ie 30. 🖺	Yes	□ No
	9. Name and Address of Curren	t Registered Agent				Name and Address of New R	egistered .	Agent	
	ASARCH, STEVEN J			81 N	lame	·			
7777 GLADES ROAD STE 200				82 St	treet Address (P.	O. Box Number is Not Accepta	able)	· · · · · ·	
BOCA RATON FL 33434				83					
				B4 Ci	City			85	Zip Code
ad Durayant	to the provisions of Sections COT 050	0 and CO7 45 DD. Florida Chat. An	- 15				<u>FL</u>		
office or r	to the provisions of Soctions 607.050: egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was au tions of, Section 607,0505, Flori	s, the ac uthorized ida Stat	ove-na t by the utes.	amed corporation's b	n submits this statement for the loard of directors. I hereby acci	purpose of apt the app	r chang ointmer	ng its registered nt as registered
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent algebraic required when reinstating). DATE									
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFF	ICERS AND	DIREC	TORS IN 12
TITLE	D	☐ DELETE	1.1 TII	LE				Cha	
NAME	FLORA, MICHAEL J		1.2 NA	ME					
STREET ADDRESS	1865 EAST EAGLE TRACE I	BLVD.	1.3 ST	REET ADD	ress		•		* .
CITY-ST-ZIP	CORAL SPRINGS FL 33071		1.4 CI	Y-ST-ZIF	P				
TITLE	D	☐ DELETE	2.1 TiT	LE				Cha	nge 🔲 Addition
NAME	FLORA, DOMENICA M		2.2 NA	ME		·	.**		1
STREET ADDRESS	1885 EAST EAGLE TRACE I	BLVD.	2.3 ST	REET ADD	PRESS				
CITY-ST-ZIP	CORAL SPRINGS FL 33071			TY-ST-ZI	IP				F-1
TITLE		DELETE	3.1 TIT					☐ Cha	nge 🗀 Addition
NAME			3.2 NA						
STREET ADDRESS				REET ADDE					
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CI 4.1 TIT	TY-ST-ZII	IP.			Cha	nge Addition
NAME		□ Milit	4.2 N/					L-1 U18	וועט ביי איניי
STREET ADDRESS				VMC REET ADOF	DECC				
CITY-ST-ZIP			•	Y-ST-ZIP					
TITLE		☐ DELETE	5.1 TIT		' 			Cha	nge Addition
NAME			5.2 NA						
STREET ADDRESS			•	reet addf	RESS				İ
CITY-ST-ZIP			•	Y-ST-ZIP					
TITLE		☐ DELETE	6.1 TIT		· · · · · · · · · · · · · · · · · · ·	<u> </u>		Cha	nge Addition
NAME			6.2 NA	ME					
STREET ADDRESS				REET ADDE	RESS				1
CITY-ST-ZIP				Y-\$1-ZIP	1				[
	certify that the information supplied wi	th this filing does not qualify for				n 119 07(3)(i) Florida Statutes	I further ce	rtify the	t 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 chapted, or on an attachment with an address.