

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

FILED

Jun 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000059005 (4)

1. Corporation Name

OLDE PARK TRADING COMPANY II

Principal Place of Business

336 PARK AVENUE SOUTH
WINTER PARK FL 32789

Mailing Address

538 PARK AVENUE SOUTH
WINTER PARK FL 32789-4322



2. Principal Place of Business

21 715 Bloom St.

Suite, Apt. #, etc.

22 Suite 140

City & State

23 Celebration, Florida

Zip

Country

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

07/15/1996

3a. Date of Last Report

4. FEI Number

59-3390480

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

SEXTON, C D
538 PARK AVENUE SOUTH
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/24/97

12. OFFICERS AND DIRECTORS

TITLE President
NAME C.D. Sexton
STREET ADDRESS 1879 Via Genoa
CITY-ST-ZIP Winter Park, Fl. 32789

☐ DELETE

TITLE Vice President
NAME Dana Powers
STREET ADDRESS 4280 Galt Ocean Dr.
CITY-ST-ZIP Ft. Lauderdale, Fl 33308

☐ DELETE

TITLE Lettie C. Sexton
NAME Secy-Tres.
STREET ADDRESS 1879 Via Genoa
CITY-ST-ZIP Winter Park, Fl 32789

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby 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 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

SIGNATURE REQUIRED

4/24/97

6/14/97

CR2E034 (9/96)