Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90015 033 \*\*\*150.00

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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000059250

1. Corporation Name

BRISTOL PARK VENTURES, INC.

| 2,  |   |  |                              |                      |   |            |                              |  |
|---|---|--|------------------------------|----------------------|---|------------|------------------------------|--|
| Principal Place   | e of Business   | Mailing Address  |                              |                      |   | <b>8</b> 3 | i mine dast embi             |  |
| 1601 FORUM PLACE. STE. 805<br>WEST PALM BEACH FL 33401  |   | 1601 FORUM PLACE. STE. 805<br>WEST PALM BEACH FL 33401 |                              |                      |   |            |                              |  |
|   |   |  |                              |                      | DO NOT WRITE IN THIS SPACE                |            |                              |  |
|   |   |  |                              |                      | 3. Date ir corporated or Qualifed         |            |                              |  |
|   |   | T = 14 '!'   |                              |                      | 07/08/1997                                |            | nulical For                  |  |
|   | lace of Business  | 2a. Mailing Address                                    | <b>.</b>                     |                      | 4. FEI Number                             |            | pclied For<br>lot Applicable |  |
|   | 1.W. 99th Ave.  | 26 2975 N.W. 99<br>Suite, Apt. #, etc.                 | th Ave.                      |                      | 65-0769912                                |            | Additional                   |  |
| Suite, Apt.   | #, etc.<br>   | 27   |                              |                      | 5. Certificate of Status Desired          |            | Rec uired                    |  |
| City & State  |   | City & State   |                              |                      | 6. Election Campaign Financing            |            | May Be                       |  |
| 23 Coral  | Springs, FL   | 28 Coral Spring  |                              |                      | Trust Fund Contribution                   | Added      | tc Fees                      |  |
| Zip<br>33065  | Country   | Zip 33065 3  | Country USA                  |                      | 8. This corporation owes the current year |            |                              |  |
| 24 33003  |   |  | 0 037                        |                      | Personal Property Tax.                    | XYes       | []No                         |  |
|   | 9. Name and Address of Current                                    | Registered Agent                                       | 04 1                         |                      | 10. Name and Address of New Registere     | a Agent    |                              |  |
| Name Debt   |   |  |                              | ra R. Signore-Savage |   |            |                              |  |
| MACKEY, WALTER J JR.<br>1601 FORUM PLACE, STE. 805  |   |  | 82 Street 4                  | 499                  | ss (P.O. Box Number is Not Acceptable)    |            |                              |  |
| WEST PALM BEACH FL 33401  |   |  |                              | - 77                 | - John Ave.                               |            |                              |  |
| WES   | OF PALIN DEACH FL 33401   |  | 83                           |                      |   |            |                              |  |
|   | •   |  | 84 City                      |                      |   |            | Code                         |  |
|   |   |  |                              |                      | al Springs <b>F</b>                       |            | 3065                         |  |
| 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 bo h, in the State of Florida. Such change was authorized by the corporation's board of cirectors. I hereby accept the appointment as registered |   |  |                              |                      |   |            |                              |  |
| agent. a  | mitamiliar with, and accept the obligation                        | ons of, Section 607.0505. Florid                       | a Statutes.                  |                      |   |            |                              |  |
| SIGNATURE   | Weble Sgrout  |  |                              |                      | e-Savage, Pres. 4/1                       | 6/99       | \                            |  |
|   | Signature, typed or printed name of registered agent OFFICERS AND |  | egistered Agent signature re | equired v            | ADDITIONS/CHANGES TO OFFICERS             |            | OF S IN 12                   |  |
| TITLE   | P OFFICERS AND  | ☐ DELETE   | 1.1 TITLE                    | Р,                   | D, S/T                                    | [X] Change |                              |  |
| NAME  | SIGNORE-SAVAGE, DEBRA R.  | <b>,_</b> ===  | 1.2 NAME                     | Si                   | gnore-Savage, Debra R.                    |            |                              |  |
| STREET ADORE SS   | 2560 SW 102ND DR  |  | 1.3 STREET ADDRESS           |                      | 60 SW 102nd Dr                            |            |                              |  |
|   | DAVIE FL 33324  |  | 1.4 CITY- ST- ZIP            |                      | vie, FL 33324                             |            |                              |  |
| CITY-ST-ZIP TITLE   | CD  | X DELETE   | 2.1 TITLE                    |                      |   | Change     | ☐ Addition                   |  |
| NAME  | MACKEY, WALTER J. J   |  | 2.2 NAME                     |                      |   |            |                              |  |
| STREET ADDRESS  |   |  | 2.3 STREET ADDRESS           |                      |   |            |                              |  |
|   | N PALM BEACH FL 33408   |  | 2. 4 CITY-ST-ZIP             |                      |   |            |                              |  |
| CITY-ST-ZIP   | VCD   | □ DELETE   | 3.1 TITLE                    |                      |   | ☐ Change   | ☐ Addition                   |  |
| NAME  | KRUMM, WALTER T.  | *  | 3.2 NAME                     |                      |   |            |                              |  |
| STREET ADDRESS  | 400 CON TOURS TOUR DIVIDE   |  | 3.3 STREET ADDRESS           |                      |   |            | 1                            |  |
| CITY-ST-ZIP   | NAPLES FL 33940   |  | 3.4. CITY-ST-ZIP             |                      |   |            |                              |  |
| TITLE   | ST  | (X) DELETE   | 4.1 TITLE                    |                      |   | ☐ Change   | Addition                     |  |
| NAME  | WILLIAMS, EDWARD S.   |  | 4. 2 NAME                    |                      |   |            |                              |  |
| STREET ADDRESS:   |   |  | 4.3 STREET ADDRESS           |                      |   |            |                              |  |
| CITY-ST-ZIP   | BOYNTON BEACH FL 33437  |  | 4.4 CITY-ST-ZIP              |                      |   |            |                              |  |
| TITLE   | 20 //// 22 /2/// 22 /2/// 23 /2//                                 | ☐ DELETE   | 5.1 TITLE                    |                      |   | ☐ Change   | Addition                     |  |
| NAME  |   |  | 52 NAME                      |                      |   |            |                              |  |
| STREET ADDRESS  |   |  | 5.3 STREET ADDRESS           |                      |   |            |                              |  |
| ,   | ŗ   |  | 5.4 CITY-ST-ZIP              |                      |   |            | j                            |  |

14. I 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 porporation 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, with a lother like empowered.

6.1 TITLE

6.2 NAME

64 CITY-ST-ZIP

6.3 STREET ADDRESS

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Signature and Typed on a Rinted Name of Bigning Office: or Director President

Debra R. Signore-Savage 4/16/99

Oate

954-255-5557

Change

Addition

Daytime Phone #