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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000085296 (6)

TOWN PARK ASSOCIATES, INC.

FILED

Feb 26 1998 8:00am

Secretary of State

Mailing Address

444 SEABREEZE BLVD., STE. 900 DAYTONA BEACH FL 32118

Principal Place of Business

444 SEABREEZE BLVD., STE. 900 DAYTONA BEACH FL 32118

DAYTONA BEACH FL 32118	DAYTONA BEACH FL 32118		DO NOT WRITE IN THIS SPACE				
				3. Date Incorporated or Qualified 10/02/1997			
2. Principal Place of Business	2a. Mailing Address	_		4. FEI Number 59-347 8032		Applied For	
21 19 Sycamore Ciwle	26 19 SYCAMOM	CIRC	16	39-3478032		Not Applicable	
Suite, Apt. #, etc.	Stite, Apt. #, etc.		·	5, Certificate of Status Desired		75 Additional e Required	
City & State 23 DAMOND BEACH, FLORIDA	City & State 28 DEMOND BOMA		MIA	6. Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees	
Zip Country 24 32174 25 Volusia		Country 30 V3 U	41/4		Yes	ar Intangible	
g. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered	Ägent		
JOHNSON, JERRY S JR.		61	Name			ļ	
3925 \$. NOVA RD.			82 Street Address (P.O. Box Number is Not Acceptable)				
PT. ORANGE FL 32127							
		83					
		84	City		85	Zip Code	
		l		<u> </u>		<u> </u>	
 Pursuant to the provisions of Sections 607.05: office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig 	e of Florida. Such change was au	uthorized by	the corpor	orporation submits this statement for the purpose of ration's board of directors. I hereby accept the app	changi ointmen	ng its registered It as registered	
SIGNATURE							
Signature, typed or printed name of registered ag			nt signature rec	quired when reinstating) DATE			
	D DIRECTORS	13, 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND	Chai		
NAME JERRY S. JOHNSON, S	The Propiosis		1		L. Cilai	ilde 🗀 Waannon	
00.8-4 191288	•	1.2 NAME	LBBBBB.				
STREET AUDICESS	12/19	1.3 STREET					
TITLE TOWNS C. TOWNS C.	DELETE	1.4 CITY-S 2.1 TITLE	1 - ZIP		Chai	nge Addition	
Post 3 - Postbox , Ch.	VICE PRESIDENT	2.2 NAME	1		L_ 01161	ige radition	
STREET ADDRESS P.O. BOX 291338		2.3 STREET	ADDRESS				
	20,00	2.4 CITY - S					
	DELETE	3.1 TITLE	11-ZIP		Chai	nge Addition	
NAME MICHAEL J. Opplowski	Sec. TAGAL.	3.2 NAME	1			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
STREET ADDRESS 19 SYCAMORE CIAL	6	3.3 STREET	ADDRESS				
NAME MICHABL J. OPHIGWSK: STREET ADDRESS 19 Sycamore Claus DITY-ST-ZIP ORMOND BOWN, FL. 3	1.24	3.4. CITY - S					
TITLE	DELETE	4.1 TITLE	<u> </u>		Char	nge Addition	
NAME		4. 2 NAME					
STREET ADDRESS		4.3 STREET	ADDRESS			i	
CITY-ST-ZIP		4.4 CITY-ST					
TITLE	DELETE	5.1 TITLE			Char	nge 🔲 Addition	
NAME		5.2 NAME	- 1			j	
STREET ADDRESS		5.3 STREET	ADDRESS				
CITY-ST-ZIP		5.4 CITY-S1	- <u>ZIP</u>				
TITLE	DELETE	6.1 TITLE			Char	nge 🔲 Addition	
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREET	ADDRESS				
CITY-ST-ZIP		6.4 CITY-\$1	- ZiP				

14. Thereby 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:

2/10/98