**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P98000033069**1. Corporation Name

PARK TWENTY-THREE ASSOCIATES, INC.

Principal Place	e of Business	Mailing Address			\$ 106/1064 If a (Billy 164); Obits onthi polity batton hitte anni anni anni	
420 LINCOLN F	ROAD	420 LINCOLN ROAD				
#448		<b>#448</b>			DO NOT WRITE IN THIS SPACE	
MIAMI BEACH FL 33139		MIAMI BEACH FL 33139				
Ĺ					3. Date Incorporated or Qualifed 04/10/1998	
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number HAVE NOT PECIEVED IT YET Applied For	or
21		26			Not Applic	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired  \$8.75 Addition	nal
22		27			5. Certificate of Status Desired	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be	е
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	,	8. This corporation owes the current year Intangible	
24	25	29 30	ο .		Personal Property Tax.	
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registered Agent	
			81	Name	•	
BLO	OMBERG, RONALD		82	Stroot Ad	dress (P.O. Box Number is Not Acceptable)	-
420	LINCOLN ROAD		02	Sileer Au	ladress (P.O. Box Number is Not Acceptable)	
#448	8		83			
MAIM	MI BEACH FL 33139					
			84	City	FI 85 Zip Code	
11 Durayant	to the provisions of Sections 607 050	02 and 607 1508 Florida Statutes	the above	e-named co	reporation submits this statement for the purpose of changing its register	red
						,,,,,,
l office or n	enictored agent or both in the State	eof Fiorida. Such change was autr	norizea ov	the corpora	ation's board of directors. I hereby accept the appointment as registered	ď
l office or n	egistered agent, or both, in the State im familiar with, and accept the obliga	eof Fiorida. Such change was autr	norizea ov	the corpora	tion's board of directors. I hereby accept the appointment as registered	ď
l office or n	egistered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was autrations of, Section 607.0505, Florid	orized by la Statutes	the corpora	mon's board of directors. Thereby accept the appointment as registered	d
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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 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 one an attachment with any address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

**FILED** 

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90068 039 \*\*\*150.00