

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 16, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000033261

1. Entity Name
AMERIPARK FLORIDA, INC.



Principal Place of Business
C/O LAZ PARKING, LTD.
15 LEWIS ST.
HARTFORD, CT 06103

Mailing Address
C/O LAZ PARKING, LTD.
15 LEWIS ST.
HARTFORD, CT 06103



08082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1543189

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
SUITE 250
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
LAZOWSKI, ALAN
1010 PROSPECT STREET
HARTFORD, CT 06105

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
KARP, JEFFREY
36 Claypit Road
WAYLAND, MA 01776

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
KUZIAK, MICHAEL
120 BASHAN ROAD
EAST HADDAM, CT 06423

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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08/16/05-80001-002 558.75

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey M. Karp

8/15/05

Date

Daytime Phone #

800-522-7641