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Jan 16 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 # **V44505** (8)

1. Corporation Name
LONDON PARK CONSTRUCTION, INC.

Principal Place of Business
**50 W MASHTA DR
KEY BISCAYNE FL 33149**

Mailing Address
**50 W MASHTA DR
SUITE 5
KEY BISCAYNE FL 33149-2499
US**



3. Date Incorporated or Qualified **06/17/1992** 3a. Date of Last Report **01/30/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0340334		Applied For <input type="checkbox"/> Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24 Country		29 Country					

9. Name and Address of Current Registered Agent

**LONDON, I EDWARD
50 W MASHTA DR
KEY BISCAYNE FL 33149**

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 the filer applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	5/7 CHAIRMAN / DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONDON, I EDWARD	1.2 NAME	LONDON, I EDWARD
STREET ADDRESS	50 W MASHTA DR STE 5	1.3 STREET ADDRESS	50 W MASHTA DR STE 5
CITY-ST-ZIP	KEY BISCAYNE FL	1.4 CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	S	2.1 TITLE	P / DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIDSON, MARVIN P	2.2 NAME	LONDON, VICTORIA T
STREET ADDRESS	50 W MASHTA DR. SUITE 5	2.3 STREET ADDRESS	50 W MASHTA DR
CITY-ST-ZIP	KEY BISCAYNE FL	2.4 CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	V	3.1 TITLE	V P / DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIDSON, MARVIN P	3.2 NAME	STOYAK, ROBERT
STREET ADDRESS	50 W MASHTA DR SUITE 5	3.3 STREET ADDRESS	50 W MASHTA DR
CITY-ST-ZIP	KEY BISCAYNE FL	3.4 CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE		4.1 TITLE	V P / DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	DESPRES, GEORGE
STREET ADDRESS		4.3 STREET ADDRESS	50 W MASHTA DR
CITY-ST-ZIP		4.4 CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE		5.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	BENJAMIN LAMBERT
STREET ADDRESS		5.3 STREET ADDRESS	50 W MASHTA DR
CITY-ST-ZIP		5.4 CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0206749

CR2E034 (9/96)