
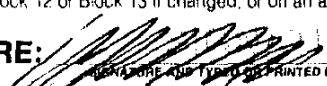


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 19 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 # V60320 (1)					
1. Corporation Name 1400 CENTREPARK, INCORPORATED					
Principal Place of Business C/O WALTER J. MACKEY, JR. 921 CHATHAM LANE STE. 110 COLUMBUS OH 43221-2458			Mailing Address C/O WALTER J. MACKEY, JR. 1801 FORUM PLACE, STE. 805 WEST PALM BEACH FL 33401-8104 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/26/1992	
21		26		3a. Date of Last Report 04/21/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0358030	
22		27		Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24		29		30	
9. Name and Address of Current Registered Agent MACKEY, WALTER J JR. 772 LAGOON DR. NORTH PALM BEACH FL 33408				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code FL	
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 _____ <small>Signature: type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME DC			1.2 NAME		
STREET ADDRESS KRUMM, WALTER T			1.3 STREET ADDRESS		
CITY-ST-ZIP 4951 GULFSHORE BOULEVARD NORTH PH301			1.4 CITY-ST-ZIP		
CITY-ST-ZIP NAPLES FL 33940-2685			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input type="checkbox"/> DELETE			2.2 NAME		
NAME PD			2.3 STREET ADDRESS		
STREET ADDRESS MACKEY, WALTER J JR.			2.4 CITY-ST-ZIP		
CITY-ST-ZIP 772 LAGOON DRIVE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP NORTH PALM BEACH FL 33408			3.2 NAME		
TITLE <input type="checkbox"/> DELETE			3.3 STREET ADDRESS		
NAME ST			3.4 CITY-ST-ZIP		
STREET ADDRESS WILLIAMS, EDWARD S			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 6080 TERRA ROSA CIRCLE			4.2 NAME		
CITY-ST-ZIP BOYNTON BEACH FL 33437			4.3 STREET ADDRESS		
TITLE <input type="checkbox"/> DELETE			4.4 CITY-ST-ZIP		
NAME			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS			5.2 NAME		
CITY-ST-ZIP			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:  WALTER J. MACKEY JR., PRESIDENT 4/21/97 561-1848811					

CR2E034 (9/96)