

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90496 046 ***150.00

DOCUMENT # P02000063970

1. Entity Name

PARALLAX OF CENTRAL FLORIDA, INC.



Principal Place of Business

7120 LAKE ELLENOR DR
ORLANDO FL 32809-5721

Mailing Address

P.O. BOX 55
ORLANDO FL 32802-0055

2. Principal Place of Business

10600 S. ORANGE AVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

Zip

Country

Zip

32824-7723

4. FEI Number

01-0713175

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STRATES, E. JAY
10600 ORANGE AVENUE
ORLANDO FL 32824

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	☐ Delete
NAME	STRATES, E JAY	
STREET ADDRESS	10600 ORANGE AVENUE	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE	DV	☐ Delete
NAME	MAGID, SUSAN S	
STREET ADDRESS	10600 ORANGE AVENUE	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE	DST	☐ Delete
NAME	DOREMUS, SIBYL S	
STREET ADDRESS	10600 ORANGE AVENUE	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Susan S Magid* SUSAN STRATES MAGID

4/19/04

407-855-3939

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #