

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Murtham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S28561 (6)**

1. Corporation Name
PARVENU ENTERPRISES, INC.



Principal Place of Business: **9423 SE SATURN ST HOBE SOUND FL 33455 US**
Mailing Address: **P.O. BOX 3186 TEQUESTA FL 33469 US**

3. Date Incorporated or Qualified: **02/01/1991**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0308453**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 193.032 Florida Statutes: Yes No

2. Principal Place of Business: **7249 S.E. Hobe Terrace**
2a. Mailing Address: **7249 S.E. Hobe Terrace**
22. Suite, Apt. #, etc.:
23. City & State: **Hobe Sound FL**
24. Zip: **33455** 25. Country: **USA** 29. Zip: 30. Country:

9. Name and Address of Current Registered Agent
**ARCHER, TODD C
9423 SE SATURN ST
HOBE SOUND FL 33455**

10. Name and Address of New Registered Agent
81. Name:
82. Street Address (P.O. Box Number is Not Acceptable): **7249 S.E. Hobe Terrace**
83.
84. City: **Hobe Sound** FL 85. Zip Code: **33455**

11. Pursuant to the provisions of Sections 607.0602 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, Sections 607.0602 and 607.1508, Florida Statutes.

SIGNATURE: *Todd Archer* **Todd Archer, Pres.** **4/28/96**

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|-----------------------------|---------------------------------|
| TITLE | DPT | <input type="checkbox"/> DELETE |
| NAME | ARCHER, TODD | |
| STREET ADDRESS | 9423 SE SATURN ST | |
| CITY - ST - ZIP | HOBE SOUND FL 33455 | |
| TITLE | DVS | <input type="checkbox"/> DELETE |
| NAME | ARCHER, TODD | |
| STREET ADDRESS | 9423 S.E. SATURN ST. | |
| CITY - ST - ZIP | HOBE SOUND FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|---|
| 1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. NAME | |
| 13. STREET ADDRESS | |
| 14. CITY - ST - ZIP | |
| 2. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22. NAME | |
| 23. STREET ADDRESS | |
| 24. CITY - ST - ZIP | |
| 3. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32. NAME | |
| 33. STREET ADDRESS | |
| 34. CITY - ST - ZIP | |
| 4. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42. NAME | |
| 43. STREET ADDRESS | |
| 44. CITY - ST - ZIP | |
| 5. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52. NAME | |
| 53. STREET ADDRESS | |
| 54. CITY - ST - ZIP | |
| 6. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62. NAME | |
| 63. STREET ADDRESS | |
| 64. CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 the attached form with an address.

SIGNATURE: *Todd Archer* **Todd Archer, Pres** **4/28/96** **407 747 3329**

CR2E034 (12/95)