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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997 DOCUMENT # P96000023529 (6)

FILED Apr 03 1997 8:00am Secretary of State

THE PARROTT CONNECTION, INC. Principal Place of Business 5097 SILVER MAPLE LANE BOYNTON BEACH FL 33437	Mailing Address 5097 SILVER MAPLE LAI BOYNTON BEACH FL 33				
L			3, Date Incorporated or Qualified 03/11/1996	3a. Date of Last Re	en en de la companie
2. Principal Place of Business 21 406 PANOLAMA TERRALE	26 406 PANON	CAMA TERRACE	4. FEI Number 65 0649 S2 9	 	plied For t Applicable
Suite, Apt. # etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	□ \$8.75 A	
[22] City & State	City & State		6. Election Campaign Financing	\$5.00	
23 KIRMINGHAM , ME	28 BIRMINGhn	Country	Trust Fund Contribution	Added t	o Fees
24 35316 25 JEHERSON	29 35216	30 JESTERSON	8. This corporation has liability for Florida Statutes	intangible tax under s	199.032,
9. Name and Address of Current		1001001763077	10. Name and Address of New Ri		
MULLIN, JAMES G		81 Name			
2263 NW BOCA RATON BLVD.		82 Street Add	ress (P.O. Box Number is Not Accepta	ble)	
SUITE 205		83			
BOCA RATON FL 33431					
		B4 City		FL 85 Zip C	Code
11 mursuant to the provisions of Sections 607.0502					
Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State cagent. I am familiar with, and accept the obligat SIGNATURE Signature, typed or printed name of registered agent.		authorized by the corpora lorida Statutes. TE Registered Agent signature requi		pt the appointment as	registered
SIGNATURE Signature, typed or printed name of registered ages: 12. OF FICERS AND	and tille if applicative (NC DIRECTORS	OTE Registered Agent's gnature requi		DATE CERS AND DIRECTOR	S IN 12
SIGNATURE Signature, typical or printed name of registraced agrees 12. Of FICERS AND THE D	: and tile if applicable (NC	DTE Registered Agent's gnature required. 13. 1.1 TILE	red when reinstating)	DATE	
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information indicated on this arriging report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oil. Lam an officer or director of buyor portation 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 12 if chyriged, or on an attachment with an address.