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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 316262

(5)

PAR SALES AGENCY INC

I AN ONLIGO NOLITO I NO			
Principal Place of Business	Mailing Address	,	<del> </del>
1529 CARMEN STREET TAMPA FL 33606	1529 CARMEN STREET TAMPA FL 33606		

**FILED** Apr 22 1998 8:00am Secretary of State



TAMPA FL 33606			TAMPA FL 33606				DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualified		
							04/27/1967		
2.	Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number Applied For		
21			26	26			<b>59-1163547</b> Not Applicable		
22	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<u>⊢</u> ¬			5. Certificate of Status Desired  \$8.75 Additional Fee Required		
23	City & State	ð	City & State				B. Election Campaign Financing     Trust Fund Contribution     Added to Fees		
	Ζiρ	Country	Zip	Co	Country		8. This corporation owes or has paid the current year Intangible		
24		25	29	30			Personal Property Tax due June 30. 🔀 Yes 🗌 No		
		9. Name and Address of Cu	rrent Registered Agent				10. Name and Address of New Registered Agent		
	GAI	rcia, yvonné m			81	Name			
		3 JONES RD			82	Street	Address (P.O. Box Number is Not Acceptable)		
	OD	<b>ESSA</b> FL 33556			00				
					83				
					84	City	FL 85 Zip Code		
44	Purcuant I	to the provisions of Sections 607	0502 and 607 1508 Florida Statu	itas tha	hour	-namod	• —		
• • •	office or re agent. I a	egistered agent, or both, in the S m familiar with, and accept the of	tate of Florida. Such change was bligations of, Section 607.0505. F	authorize forida Sta	ed by	the corp s.	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered		
SIC	3NATURE	Signature, typed or printed name of registerer	d agent and thoul applicable (NC	01E : Register	d Age	nt signature	required when reinstating) OATE		
12		<del></del>	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITL	,	PD	☐ DELETE		1.1 TITLE		Change Addition		
NAN	AE	GARCIA, YVONNE M		1.21	1.2 NAME				
STA	LEET ADDRESS	7013 JONES ROAD		1.3 3	TREET	ADDRESS			
	Y-ST-ZIP	ODESSA, FL 00000	Deverse		1.4 CITY - ST -				
TITL	- 1	POT	☐ DELETE		ITLE	1	Change Addition		
NAA	· ·	GARCIA, YVONNE M.			IAME				
	EET ADDRESS	7013 JONES ROAD				ADDRESS			
TITE	Y-ST-ZIP	ODESSA FL SD	DELETE	3.11	CITY-S	51 - ZIP	Change Addition		
NAK	Į		□ Occent		AME		Citalige C Addition		
	HEET ADDRESS	GARCIA, KATHERINE L. 7009 JONES ROAD				ADDRESS			
	Y-ST-ZIP	ODESSA FL			CITY - S		ļ		
TITL		VD	DELETE		TITLE	21-21	Change Addition		
NAA	i	GARCIA, RAYMOND W.	_ : ***	- 1	4 2 NAME				
	EET ADDRESS	22426 CHERATON		- 1	4.3 STREET ADD				
	Y-ST-ZIP	BROOKSVILLE FL		- 1	4.4 CiTY-ST-ZIP				
TITL			DELETE		5.1 TITLE		Change Addition		
NAA	AE I			5.21	5.2 NAME				
STR	EET ADDRESS	t-		5.3 9	5.3 STREET ADDRESS				
CITY	Y-ST-ZIP	1.5		5.4 (	5.4 CITY - ST - ZI				
TITL			DELETE		6.1 TITLE		☐ Change ☐ Addition		
NAM	AE			6.21	6.2 NAME				
STR	EET ADDRESS			638	6.3 STREET ADDRESS				
	Y-\$T-ZIP				6.4 CITY - ST - ZIP				
14.	I hereby of	certify that the information supplies	d with this filing does not qualify	for the ex	empt	tion state	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information nature shall have the same legal effect as if made under oath; that I am an		

indicated of this arritant report is fitter and according and that my signature sharinave the same legal enert as it made under dart, that it and 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.