

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 529628

(0)

1. Corporation Name

ALAN PARKER REALTY, INC.

Principal Place of Business

403 W. MORSE BLVD.
WINTER PARK FL 32789

Mailing Address

403 W. MORSE BLVD.
WINTER PARK FL 32789



2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt., #, etc.

State, Apt., #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

9. Name and Address of Current Registered Agent

PARKER, ALAN C.
403 W MORSE BLVD.
WINTER PARK FL 32789

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.07 and 607.08, 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Sections 607.07 and 607.08, Florida Statutes.

SIGNATURE

Signature of the person who is authorized to execute this statement

Signature of the person who is authorized to execute this statement

Signature of the person who is authorized to execute this statement

Signature of the person who is authorized to execute this statement

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	[] DELETE
TITLE	PD	PARKER, ALAN C	403 W MORSE BLVD	
TITLE			WINTER PARK FL	
TITLE				[] DELETE
TITLE				[] DELETE
TITLE				[] DELETE
TITLE				[] DELETE
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TITLE				[] DELETE

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-STATE-ZIP	5. [] Change [] Addition
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-STATE-ZIP	[] Change [] Addition
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-STATE-ZIP	[] Change [] Addition
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-STATE-ZIP	[] Change [] Addition
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-STATE-ZIP	[] Change [] Addition
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-STATE-ZIP	[] Change [] Addition
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-STATE-ZIP	[] Change [] Addition
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-STATE-ZIP	[] Change [] Addition
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-STATE-ZIP	[] Change [] Addition

14. I do hereby certify that the information supplied on this filing is voluntarily furnished and is not prepared for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 holder of a trust or trusts empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or omitted from Block 12 with an address.

SIGNATURE:

Alan C. Parker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-96 407-644-3500

CR2E034 (12/95)