

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 542783 (6)

1. Corporation Name

MACPARVAN INVESTMENTS, INC.



Principal Place of Business

Mailing Address

~~3150 S. TAMiami TRAIL
SARASOTA FL 34239~~

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SARASOTA FL 34239~~

3. Date Incorporated or Qualified

08/11/1977

3a. Date of Last Report

01/13/1995

2. Principal Place of Business

2a. Mailing Address

21 1801 Glengary St.

25 1801 Glengary St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #202

27 #202

City & State

City & State

23 Sarasota, FL

28 Sarasota, FL

Zip

Country

Zip

Country

24 34231

25 USA

29 34231

30 USA

4. FEI Number

59-1758920

Applied For

Not Applicable

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 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VAN WINKLE, JAMES T.,JR
3150 S. TAMiami TRAIL
SARASOTA FL 34239

81 Name

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

1801 Glengary St., #202

83

84 City Sarasota

FL

85 Zip Code

34231

11. Pursuant to the provisions of Sections 607.0502 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, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
SD	PARISIEN, RICHARD S.	235 SYDNEY STREET	CORNWALL ONTARIO	<input type="checkbox"/>
VDAS	MCLEOD, ALLAN B.	202 MARLBOROUGH ST.	CORNWALL ONTARIO	<input type="checkbox"/>
VD	VAN WINKLE, JAMES T., JR	1639 PEREGRINE POINT CT.	SARASOTA FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-STATE-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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 an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/96 941-923-9700

Date

Daytime Phone #

CR2E034 (12/95)