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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996 **DOCUMENT #** 

578088

HARVEY C. PARKER, PH.D., P.A.

Discipal Plans	Mallon Advisor					- 1,000,000,000,000,000,000,000,000,000,0			
Principal Place of Business Mailing Address  300 NW 70TH AVE.  PLANTATION FL 33317 PLANTATION FL 33317									
PLANIAIRON	rt 33011	1 Dillimote Fe door	,			3. Date Incorporated or Qualified 06/29/1978		of Last Rep <b>5/22/199</b>	
2. Principal Pla	ce of Business	2a. Mailing Address				4. FEI Number		L	oplied For
21		26				59-1833730			ot Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired
City & State	g	Oity & State		^•		Election Campaign Financing     Trust Fund Contribution		,	May Be to Fees
Ζφ 24	Country 25	Zip 29	Got 30	intry		8. This corporation has liability for Florida Statutes Yes	intangible t No	ax under s	199.032,
<u> </u>	g. Name and Address of Curre		_ 1			10. Name and Address of New I	Registered	Agent	
				81	Name				
PARKER, HARVEY C., PH.D.				82	Street Addr	tress (P.O. Box Number is Not Acceptable)			
	7. 70TH AVENUE TION FL 33317			83	3				
				84	City			85 Zip	Code
tamiliar witt SIGNATURE	n, and accept the obligations of, So	ction 607.0505, Florida Statute	5.			ation submits this statement for the pure of directors. I hereby accept the applications to the directors of the application of the statement	11411		
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
TITLE	PD	DELETE	1.11	HILE		Change			Add tion
NAME	Parker, Harvey C		1,2 N	AME					
STREET ADDRESS	3150 WILLOW LANE		1.3 5	TREET	ADDRESS				
CITY-ST-ZIP	FORT LAUDERDALE FL				ST - ZIP				The state of
TIILE	ST	DELFTE	DELFTE 2.1					☐ Change	☐ Addition
NAME	PARKER, HARVEY C		22 N	IAME					
STREET ADDRESS	3150 WILLOW LANE		235	31K[[]	ADDRESS				
COTY - ST - ZIP	FORT LAUDERDALE FL				ST - ZIF			Change	Add tion
THILE		☐ DELETE		TILE				Change	L Mad Boll
NAM{				AME					
STREET ADDRESS					I ADDRESS				
CITY - \$1 - ZIP					SI - 71P			Change	Addition
TITLE		☐ DELĒ1E		TITLE				unange	☐ Montroll
NAME				MAME					
STREET ADDRESS					LADORESS				
CITY ST. 7P	1		4.4 (	00Y-5	\$1 - 20%				

14. If 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 logal effect as if made under certify that I am an officer or director of the corporation or the receiver or fusite empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 or changed, or on an attachment with an address. 6 4 CITY - \$1 - ZIP

5 1 TITLE

5.2 NAME

6 1 11TLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CiTY - ST - 7-P

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CHTY - ST - ZIP

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NAME

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HARVEYC, PARKER 327-96

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