

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

FILED

Jan 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 579519 (0)

1. Corporation Name
PARALLAX, INC.



Principal Place of Business 12505 STARKEY RD. STES H & I LARGO FL 34643	Mailing Address 12505 STARKEY RD. STES H & I LARGO FL 33773-2617
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3. Date Incorporated or Qualified 07/19/1978	3a. Date of Last Report 01/30/1996
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2. Principal Place of Business 21 7209 114 Ave. N. Suite, Apt. #, etc. 22 Suite A City & State 23 Largo, FL Zip 24 33773	2a. Mailing Address 26 7209 114 Ave. N. Suite, Apt. #, etc. 27 Suite A City & State 28 Largo, FL Zip 29 33773	Country 25 Pinellas 30 Pinellas
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4. FEI Number 59-1852946	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SIPES, WAYNE & DEBBIE 12505 STARKEY RD. STES H & I LARGO FL 34643	
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
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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 *Wayne Sipes* (Wayne Sipes) and *Debbie Sipes* (Debbie Sipes) 1/15/97
DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	SIPES, H. WAYNE
STREET ADDRESS	10497 LONGWOOD DR.
CITY-ST-ZIP	LARGO FL
TITLE	ST
NAME	SIPES, DEBBIE J.
STREET ADDRESS	10497 LONGWOOD DR.
CITY-ST-ZIP	LARGO FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	10,000 Park Blvd. #768
1.4 CITY-ST-ZIP	Seminole, FL
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	10,000 Park Blvd. #768
2.4 CITY-ST-ZIP	Seminole, FL
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Debbie Sipes* (Debbie Sipes) 1/15/97 813-539-8680
DATE Daytime Phone #

CR2E034 (9/96)