

CORPORATION
ANNUAL REPORT

XXXXXX 1995
XXXXXX 1997



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

APPROVED
AND
FILED

97 JUN 16 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 579791 (5)

1. Corporation Name

PARKER TAMPA TWO, INC.

Principal Place of Business

5365 HARBORSIDE DR
TAMPA FL 33615
US

Mailing Address

104-70 QUEENS BLVD
FOREST HILLS NY 11375
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/21/1978

3a. Date of Last Report

08/09/1994

4. FEI Number

58-1843429

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

☐

Added to Fees

8. This corporation has liability for intangible tax under S. 199.032.

Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

11 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

12 City & State

27 City & State

13 Zip

Country

28 Zip

Country

14

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MITCHELL, STEPHEN J.
201 N FRANKLIN ST, STE 2100
TAMPA FL 33602

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 607.0502 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 reissuing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	PARKER, JACK
STREET ADDRESS	2800 S OCEAN DR.
CITY-ST-ZIP	BOCA RATON FL
TITLE	D
NAME	GLICK, ADAM
STREET ADDRESS	104-70 QUEENS BLVD
CITY-ST-ZIP	FOREST HILLS NY
TITLE	V
NAME	TROWBRIDGE, KERRY
STREET ADDRESS	5365 HARBORSIDE DR
CITY-ST-ZIP	TAMPA FL
TITLE	AS
NAME	MITCHELL, STEPHEN J.
STREET ADDRESS	201 N FRANKLIN ST #2100
CITY-ST-ZIP	TAMPA FL
TITLE	PDST
NAME	TURKEN, WALTER D
STREET ADDRESS	9350 GLADIOLUS DR
CITY-ST-ZIP	FT MYERS FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	

000002216380--2
-06/18/97--01108--001
****330.00 ****165.00

A. Alan
6/16/97

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)(x), 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:

Kerry Trowbridge
Vice President

1-16-95 (813)855-7562