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PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 579791

(5)

PARKER TAMPA TWO, INC.

FILED
May 13 1998 8:00am
Secretary of State

Principal Place of Business Mailing Address 5365 HARBORSIDE DR 104-70 QUEENS BLVD TAMPA FL 33615 FOREST HILLS NY 11375 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/21/1978 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 26 58-1843429 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes □ Ño 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name MITCHELL, STEPHEN J. 201 N FRANKLIN ST, STE 2100 Street Address (P.O. Box Number is Not Acceptable) TAMPA FL 33602 63 84 City Zip Code 85 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 Bignature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1 1 TITLE Change Addition PARKER, JACK NAME 12 NAME 2800 S OCEAN DR. STREET ADDRESS 1.3 STREET ADORESS **BOCA RATON FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE GLICK, ADAM NAME 2.2 NAME 104-70 QUEENS BLVD STREET ADDRESS 2.3 STREET ADDRESS FOREST HILLS NY CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TROWBRIDGE, KERRY NAME 32 NAME 5365 HARBORSIDE DR STREET ADDRESS 3 3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 34. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Addition MITCHELL, STEPHEN J. NAME 4. 2 NAME 201 N FRANKLIN ST #2100 STREET ADDRESS 4.3 STREET ADDRESS TAMPA FL 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE TURKEN, WALTER D NAME 5.2 NAME 9350 GLADIOLUS DR STREET ADDRESS 5.3 STREET ADDRESS FT MYERS FL CITY-ST-ZIP 5.4 CHY-ST-ZIP DELETE Change ☐ Addition TITLE 6.1 TITLE 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP 14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

In Thereby Certify that the information supplied with this failing coes not qualify for the exemption stated in Section 119.07(3)(), Florida statutes. Turtier certify that the information indicated on this annual report or supplierrental 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 phar attachment with an address.

SIGNATURE:

Man charly

4/28/98 7182753600