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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Piace of Business

3631 CONWAY GARDENS RD



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(4)

3631 CONWAY GARDENS RD

Mailing Address

DOCUMENT # 689356

C.E. PARRISH CONSULTANT, INC.

FILED	
May 02 1997 8:00am	
May 02 1997 8:00am Secretary of State	

{	F FARATO IL DITAGO IL DATA IL BARRADO IL	JOHN WEIDER DAOM HA	

ORLANDO FL 3	12806	ORLANDO FL 32806-7506					
					3. Date Incorporated or Qualified 09/26/1980	3a. Date of Las 05/01/199	·
· · · · · · · · · · · · · · · · · · ·	lace of Business	2a. Mailing Address		***************************************	4. FEI Number		Applied For
21	# Ala	26 Suite And # etc		·	59-2024092		Not Applicable
Suite, Apt 22		Suite, Apt. #, etc.	·····		5. Certificate of Status Desired		5 Additional Required
City & State	e	City & State			Election Campaign Financing Trust Fund Contribution	\$5.0	00 May Be ed to Fees
Zip	Country 25	<i>Z</i> .p	Countr 30	у	8. This corporation has liability for i		
24	9. Name and Address of Curi	29 rent Registered Agent	1301		10. Name and Address of New Re		
PARI	RISH, CHARLES E		81	Name			
	CONWAY GARDENS RD				(DO D. N	1. \	
	ANDO FL 32806		82		ddress (P.O. Box Number is Not Acceptab	le)	
			83	3			
			84	City		FL 85 Z	ip Code
11. Pursuart office or r agent. La	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the ob	502 and 607,1508, Florida Statut ate of Florida. Such change was a ligations of, Section 607,0505, Fk	es, the above authorized b orida Statute	/e-named c by the corpo	orporation submits this statement for the p ration's board of directors. I hereby accep		g its registered as registered
SIGNATURE	gan ay ay a san a sagaran ay an an ara		212			**************************************	
12.	5 gradient typicd or product name of registered OFFICERS A	AND DIRECTORS	13.	jent signature re	quired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECT	ODS IN 12
TILE	PST	DELETE	1.1 TITLE	······	ADDITIONS/OF ANGLE TO OTTIC	Chan	
NAME	PARRISH, C.E.		1.2 NAME				
STREET ADDRESS	3631 CONWAY GARDENS R	D		T ADORESS			
CITY - ST - ZiP	ORLANDO FL	-	1.4 CITY-				
TIFLE	D	☐ DELETE	2.1 TITLE			Chan	ge Addition
NAME	PARRISH, C.E.		2.2 NAME	1			
STREET ADDRESS	3631 CONWAY GARDENS R	D	2.3 STREE	T ADDRESS			
CITY - ST - ZIP	ORLANDO FL		2 4 CITY-	ST-ZIP			
TOLE		☐ DELETE	3.1 TITLE			Chan	ge Addition
NAME			3.2 NAME]			
STREET ADDRESS			3.3 STREE	T ADDRESS			
CHY - \$1 - ZiP	·····		3.4. CITY-	ST-ZIP			
Title		☐ DELETE	4.1 TITLE	,		☐ Chan	ge L Addition
NAME			4. 2 NAME				
STREET ADDRESS				T ADDRESS			
City - St - ZiP		I priess	44 CITY -		- <u> </u>	[]_6	- 100 0 4200-
III.E		DELETE	5.1 TITLE			Chan	ge L. Addition
NAME			5.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY - ST - ZIP TITLE		☐ DELETE	54 CITY- 61 TITLE	S1-ZIP		Chan	ge Addition
						. La vilde	Re T' VOOITION
NAMÉ Oroce a Aronnese	i		62 NAME	l l			
STREET ADDRESS				ADDRESS			
CHTY - ST - ZIP			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 tristee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changing or on an attachment with an address.

SIGNATURE: \