


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 730271 (4) 1. Corporation Name PAR PROPERTIES, INC.			
Principal Place of Business 10901 C ROOSEVELT BLVD 1000 ST PETERSBURG FL 33716		Mailing Address 10901 C ROOSEVELT BLVD 1000 ST PETERSBURG FL 33716-2905	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 09/23/1974		3a. Date of Last Report 04/12/1996	
4. FEI Number 23-7414040		Applied For <input type="checkbox"/> 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 type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent COLETTI, SHIRLEY 10901C ROOSEVELT BLVD, STE 1000 ST. PETERSBURG FLORIDA 33716		10. Name and Address of New Registered Agent 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P <input type="checkbox"/> DELETE NAME COLETTI, SHIRLEY STREET ADDRESS 10901-C ROOSEVELT BLVD., SUITE 1000 CITY-ST-ZIP ST. PETERSBURG FL	1.1 TITLE VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME ROBERT NERI 1.3 STREET ADDRESS 10901-C ROOSEVELT BLVD., SUITE 1000 1.4 CITY-ST-ZIP ST. PETERSBURG, FL 33716		
TITLE TSD <input type="checkbox"/> DELETE NAME SCHULER, TIMOTHY STREET ADDRESS 7843 SEMINOLE BLVD CITY-ST-ZIP SEMINOLE FL	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE D <input type="checkbox"/> DELETE NAME CHRISTIANO, ED STREET ADDRESS 13790 ROOSEVELT BLVD CITY-ST-ZIP CLEARWATER FL	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE D <input type="checkbox"/> DELETE NAME HUNNICUTT, WARREN, JR STREET ADDRESS TWO CORPORATE DRIVE SUITE 600 CITY-ST-ZIP CLEARWATER FL	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE D <input checked="" type="checkbox"/> DELETE NAME SWEAT, GARY STREET ADDRESS 100 2ND AVENUE NORTH CITY-ST-ZIP ST. PETERSBURG FL	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE CD <input type="checkbox"/> DELETE NAME SPEARS, VICKI STREET ADDRESS 10901-C ROOSEVELT BLVD SUITE 1000 CITY-ST-ZIP ST PETE FL	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: <i>Shirley Coletti</i>		APRIL 2, 1997	



CPRE037 (9/96)