

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F93000003378 (7)

1. Corporation Name

PARMEL CORP.



Principal Place of Business

Mailing Address

POST OFFICE BOX 357  
545 ISLAND ROAD  
RAMSEY NJ 07446

POST OFFICE BOX 357  
545 ISLAND ROAD  
RAMSEY NJ 07446

2. Principal Place of Business

2a. Mailing Address

21 P.O. Box 357

26 P.O. Box 357

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 70 HILLTOP ROAD

27 70 HILLTOP ROAD

City & State

City & State

23 Ramsey N.J.

28 Ramsey N.J.

Zip

Zip

24 07446 25 USA

29 07446 30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/23/1993

3a. Date of Last Report

09/11/1995

4. FEI Number

11-3110094

Applied For

Not Applicable

5. Certificate of Status Desired

X \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes X No

10. Name and Address of New Registered Agent

GEE, LAURIE  
635 SE 12TH AVE  
UNIT 129  
CAPE CORAL FL 33990

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 fee (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME KANE, MICHAEL  
STREET ADDRESS 545 ISLAND ROAD 70 HILLTOP ROAD  
CITY-ST-ZIP RAMSEY NJ 07446

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VPSD  
NAME CURNIN, PERI  
STREET ADDRESS 1111 PARK AVE., APT. 2E  
CITY-ST-ZIP NEW YORK NY 10128

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE VPTD  
NAME MANNIS, DAVID  
STREET ADDRESS 6006 FIELDSTON ROAD  
CITY-ST-ZIP BRONX NY 10471

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/96

201-236-0500

Date

Daytime Phone

CR2E034 (12/95)