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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham *

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # F9600001819 (9)

PARSIFAL OF DELAWARE, INC. Principal Place of Business 301 YAMATO ROAD - SUITE 2200 BOCA RATON FL 33431 Mailing Address 301 YAMATO ROAD - SUITE 2200 BOCA RATON FL 33431 BOCA RATON FL 33431				
				3. Date Incorporated or Qualified 3a. Date of Last Report 04/11/1996
2. Principal Pl	ace of Business	2a. Mailing Address	······································	4. FEI Number Applied For
21		26		65-0451392 Not Applicable
Suite, Apt	Juil # 2215	Suite, Apt. #, etc.	2215	5. Certificate of Status Desired Section Secti
City & State		City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution
Zip 24	Country 25	Zip 29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
24 25 29 30 30 30 Sq. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent
SIDER, DONALD C ESQUIRE 81 Name N				NEAL MERBAUM
	EAST BOCA RATON ROAD		82 Street Add	iress (P.O. Box Number is Not Acceptable)
BOC	A RATON FL 33432			301 yamato Kood
١.			83	Suite 2215
	•	•	84 City	boca Raton FL 85 33431
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 John, if the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, am familiar witty and accept the obligations of, Section 607.0505, Florida Statutes.				
SIGNATURE	1. 6-1 N/O/			
12.		en; and the if applicable (NOTE ID DIRECTORS	Registered Agent signature requ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSC OTTIOETO AIX	DELETE	1.1 TITLE	Change Addition
NAME	MERBAUM, NEAL		1.2 NAME	
STREET ADDRESS			1 3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33431		1.4 CITY-ST-ZIP	
TITLE		☐ DELETE	2.1 TITLE	Change Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	;
CITY-ST-ZIP		DELETE	2.4 CITY-ST-ZIP	Change Addition
DILE		F" DECEIE	3.1 TITLE	LI Crange LI Adollion
NAME OTREET ADDRESS			3.2 NAME	
STREET ADDRESS			3 3 STREET ADDRESS	
TITLE		DELETE	3.4 CITY-ST-ZIP 4.1 TITLE	☐ Change ☐ Addition
NAME			4, 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY - ST - 7IP			5.4 CITY~ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	Change Addition
NAME.			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	

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 607, Florida Statutes; and that my name appears in Block 13 if changer, or of an attrichment with an address.

6.4 CITY - ST - ZIP

SIGNATURE:

CITY-ST-ZIP

AND TYPED DEPRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Feb 10 1997 8:00am

Secretary of State