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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 27 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H19073

(6)

LEE PAI	RKER, INC.				
				I ARREANI BINI ILANG PANA BRANCIANO ANI	AHAU 8181 BURU HILU BURU 4181 ILI
Principal Place	of Business	Mailing Address		1 1984511 2140 11010 10111 25114 12700 1111	diate Eiffit arbei gibte fiått Gente inde
832 S DEERFIELD AVE		832 S DEERFIELD AVE DEERFIELD BEACH FL 334	41.E904		
DEERFIELD BEACH FL 33441 US		US US	110001		
		·		3. Date Incorporated or Qualified	3a. Date of Last Report
				08/30/1984	07/16/1996
<del></del>	ace of Business	2a. Mailing Address		4, FEI Number	Applied For
21		26		59-2442734	Not Applicable
Suite, Apt #, etc		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		Crty & State	·····	6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	
24	25		30	Florida Statutes	Yes No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Re	gistered Agent
L .	iker, William S.		81 Name		
1381 S.W. 19TH ST.			82 Street Addr	ess (P.O. Box Number is Not Acceptat	ele)
BOC	CA RATON FL 33486		83		
ł				· · · · · · · · · · · · · · · · · · ·	
			64 City		FL 85 Zip Code
11. Pursuant l	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	s, the above-named corp	oration submits this statement for the p	ourpose of changing its registered
I office or re	egistered agent, or both, in the Stati in familiar with, and accopt the oblig	e of Florida. Such change was at	uthorized by the corporat	ion's board of directors. I hereby accept	of the appointment as registered
_	in terrino with the property and only	garacina on openion our locos, Fior	ida Olatolos.		
SIGNATURE	Signative, typicl or posted name of registered ac	ent and the if applicable (NOTE:	Registered Agent signature require	ed when reinstating)	DATE
12.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PD NATIONAL O	☐ DELETE	1.1 TOTLE		Change Addition
NAME	PARKER, WILLIAM S. 1361 SW 19TH ST.		1.2 NAME		
STREET ADDRESS	BOCA RATON FL		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
CITY ST ZIP	STD	DELETE	2.1 TITLE		Change Addition
NAME	PARKER, LORETTA M.		2.2 NAME		
STREET ADDRESS	1361 SW 19TH ST.		2.3 STREET ADDRESS		
CITY-ST-ZIF	BOCA RATON FL		2 4 City-St-ZiP		
TITLE		DELETE	3 1 TITLE		Change Addition
NAME			32 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CHTY-S1-Z4P		DELETE	34. CITY-ST-ZIP	**************************************	Chappa Addition
TITLE		Therric	4 ) TITLE 4 2 NAME		Change Addition
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 - ZIP			5.4 CITY-ST-ZIP		
TITLE		DEFETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIF			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 arrival report or suppliemental 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 cyrporation or the receiver of justoe empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Blo

LORETTAM. Parker SEC/TNEGS 2/14/97