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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # H42552 (0)

1. Corporation Name
PARKE SECURITIES CORP.

Principal Place of Business	Mailing Address
3550 W. BUSCH BLVD. #145 TAMPA FL 33618-4433 US	3550 W. BUSCH BLVD. #145 TAMPA FL 33618-4433 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/13/1985
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 3550 BUSCHWOOD PARK DR	26 3550 BUSCHWOOD PARK DR.
Suite, Apt. #, etc. 22 SUITE 145	Suite, Apt. #, etc. 27 SUITE 145
City & State 23 TAMPA FL	City & State 28 TAMPA FL
Zip 24 33618-4435 Country 25 U.S.A.	Zip 29 33618-4435 Country 30 U.S.A.

4. FEI Number: 59-2540276 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $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 ☐ No

9. Name and Address of Current Registered Agent

GILBERT, LEONARD H.
777 S. HARBOUR ISLAND DR, 5TH FLOOR
TAMPA FL 33602

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☑ Addition
NAME	SHIMBERG, JAMES H.	1.2 NAME	
STREET ADDRESS	10102 WHITE TROUT LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	33618-4310
TITLE	D	2.1 TITLE	☐ Change ☑ Addition
NAME	DE ALEJO,ALBERTO A.	2.2 NAME	
STREET ADDRESS	10111 WOODSONG WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	33618-4213
TITLE	D	3.1 TITLE	☐ Change ☑ Addition
NAME	DE ALEJO, NICOLAS S.	3.2 NAME	
STREET ADDRESS	6009 HAMMOCK WOODS DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL	3.4 CITY-ST-ZIP	33624
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James H. Shimberg 03/10/95 (813) 932-1499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JAMES H. SHIMBERG, President

02068888 CP