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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H42552

PARKE SECURITIES CORP.

| Principal Place of Business | Mailing Address | | | |
|--|--|---|--|--|
| 611 W. BAY ST. SUITE 145 TAMPA FL 33606-2703 US | 611 W. BAY ST. SUITE 145 TAMPA FL 33606-2703 US | ٠ | | |

FILED Feb 06, 1999 8:00am **Secretary of State**

02-06-1999 90020 027 ***158.75



| Principal Place | e of Business | Mailing Address | | | | | |
|--|--|---------------------------------------|--|--|---|------------------------|----------------------------|
| 611 W. BAY ST. 611 W. BAY ST. | | | | | · , | | |
| SUITE 145 | TE 145 SUITE 145 | | | OO NOT WRITE IN THIS SPACE | | | |
| TAMPA FL 3360 | 06-2703 | TAMPA FL 33606-2703 | | | DO NOT WRITE IN THIS SPACE | | |
| US | | | | | 3. Date Incorporated or Qualifed | | ; |
| | | | | | 02/13/1985 | | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | 4. FEI Number | <u> </u> | lied For |
| 21 26 | | 59-2540276 | | Applicable | | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 A | II | | | |
| 22 27 | | | | 5. Certifcate of Status Desired | . Fee Red | quired | |
| City & Stat | | City & State | | | 6. Election Campaign Financing | \$5.00 | May Be |
| ¬ •.,, • • • · · · · · · · · · · · · · · · · | | | | Trust Fund Contribution | Added to | , , | |
| 23 | Country | | | trv | 8. This corporation owes the current year | r Intangible | |
| — · | | | 30 | | Personal Property Tax. | | |
| 24 | . 25 | | 30] | | 10. Name and Address of New Registe | | |
| | 9. Name and Address of Curre | nt Registered Agent | | 31 Name | (0. Hame and Address of the Same | | - 1 |
| 00.5 | - 4 - 12 | | - ' | Name | | | |
| | BERT, LEONARD H. | ELOOD | 1 | 32 Street A | Address (P.O. Box Number is Not Acceptable) | | |
| | S. HARBOUR ISLAND DR, 5TH | FLUUR | L | | 7 (2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 | ** | V.: WEET 1916 |
| , TAM | IPA FL 33602 | | 1 | B3 | · · · · · · · · · · · · · · · · · · · | | と 田瀬 |
| | | • | - | B4 City | - 1 (** 2007年) 2017年 (2017年) 日本 (2017年) | 85 Zip C | ode |
| | | | | 1 1 | | -L ' | |
| Can Duráciont | to the provisions of Sections 607 05 | 02 and 607 1508. Florida Statute | s. the abo | ove-named o | corporation submits this statement for the purpos oration's board of directors. I hereby accept the a | e of changing its | registered |
| office or i | registered agent, or both, in the State | of Florida. Such change was at | thorized | by the corpo | pration's board of directors. I hereby accept the a | opointment as reg | jistered : |
| agent. I a | im familiar with, and accept the obliga | ations of, Section 607.0505, Fior | nda Statut | ies. | • | , | 11.1 |
| SIGNATURE | | | | | equired when reinstating) / (%) - DATI | : ··· | |
| | Signature, typed or printed name of registered age | | | gent signature re | ADDITIONS/CHANGES TO OFFICERS | | |
| 12. | | ND DIRECTORS | 13. | | | ☐ Change | Addition |
| TITLE | PD | [DECE IE | | 1 | 经验证证 | | _ |
| NAME ' | SHIMBERG, JAMES H. | | 1.2 NAN | | | | 1 |
| STREET ADDRESS | 10102 WHITE TROUT LANE | | 1.3 STR | EET ADDRESS | | | - |
| CITY-ST-ZIP | TAMPA FL 33618 | | 1.4 CIT | Y-ST-ZIP | | | |
| TITLE "; | D | ☐ DELETE | 2.1 TITL | £ | • | Change | Addition |
| NAME | DE ALEJO, ALBERTO A. | | 2.2 NAM | Æ İ | | | |
| STREET ADDRESS | LANGE WOODCONG WAY | | 2.3 STR | REET ADDRESS | | | 1 |
| | TAMPA FL 33618 | * * | 2.4 CIT | Y-ST-ZIP | · , | • . | |
| CITY-ST-ZIP | | □ DELETE | 3.1 TITL | | | ☐ Change | ☐ Addition |
| TITLE GILE | D. ALEIO NICOLAS S | _ 5222/4 | 3.2 NAM | | | | |
| NAME . | DE ALEJO, NICOLAS S. | E : 1 15 " | | | | | |
| STREET ADDRESS | Hala San Article of the Committee of the | | | REET ADDRESS | रुपा है। जुन हैं। हार से से देखार है से साम | | 門門籍 |
| CITY-ST-ZIP | ODESSA FL 33556 | | | Y-ST-ZIP | | A Thirty Tale 7 | Addition |
| TITLE · | 1 | | | | | ·vi. 217 Lij Urlange " | r ^g 🖂 varainou. |
| NAME | · | ☐ DELETE | 4,1 TTTL | - | | | |
| STREET ADDRESS | | ☐ DELETE | 4,1 TTTL 4, 2 NA | | | | |
| 1 SIKEE I ADDRESS | | ☐ DELETE | 4. 2 NA | | | | |
| 10.22.00 | 1 | ☐ DELETE | 4. 2 NA 4.3 STF | ME | | | |
| CITY-ST-ZIP | E 101 | ☐ DELETE | 4. 2 NA 4.3 STF | ME REET ADORESS Y-ST-ZIP | | ☐ Change | Addition |
| CITY-ST-ZIP | 1 | • • • • • • • • • • • • • • • • • • • | 4. 2 NA 4.3 STF 4.4 CIT | ME REET ADORESS Y-ST-ZIP LE | | | Addition |
| CITY-ST-ZIP TITLE NAME | # 195 · | • • • • • • • • • • • • • • • • • • • | 4. 2 NA 4.3 STF 4.4 CIT 5.1 TITI 5.2 NA | ME REET ADORESS Y-ST-ZIP LE | 12 d2m | | ☐ Addition |
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14. Thereby 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.