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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J10092

(1)

PARRY REAL ESTATE, INC.

FILED										
Mar 26 1997 8:00am										
Secretary of State										

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Principa! Pla	ice of Business	Mailing Address	Mailing Address			- I TOOTIIN OTAKI IEBIT BEKIT OOTIA TIILIB YEGI BYAKI BIINI OTOIL OTOIL BEGIT EEBIT HOR			
20803 BISCAYNE BLVD SUITE 200		20803 BISCAYNE BLVD SUITE 200							
AVENTURA F US	FL 33180	AVENTURA FL 3318 US	AVENTURA FL 33180-1429 US			3. Date Incorporated or Qualified 04/18/1986		te of Last F 01/1996	Report
	Place of Business	ļ	2a. Mailing Address 26			4. FEI Number 59-2691321			pplied For
21									ot Applicable
Suite, Ap 22]		Suite, Apt. #, etc.			6. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & St [23]	ale	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zιρ	Country	Zip	<u> </u>	untry	/	8. This corporation has liability for in			s. 199.032,
24	25	29]	30	т			Yes [
	9. Name and Address of Curre	nt Registered Agent		81	Name	10. Name and Address of New Res	liare.ea v	igent	
KORN, GART A., ESG.								·	· · · · · · · · · · · · · · · · · · ·
	0803 BISCAYNE BLVD JITE 200			82	Street Add	Iress (P.O. Box Number is Not Acceptab	le)		
	/ENTURA FL 33180			83					
				64	City			85 Zip	Code
44 0	Literature of Continue CO7 Org	20 and 007 1500 Fladdo	Ctatutas the a	<u> </u>		poration submits this statement for the pation's board of directors. I hereby accep	FL	<u> </u>	ian annintara d
SIGNATURE	Sign that type diet protect some of registered ag	ID DIRECTORS	13.	d Age	ent signature requ	dred when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND		
TITLE	PD	☐ DELLE	TE 1,1 T	TLE				☐ Change	Addition Addition
NAME:	PARRY, GENE		1,2 N						
STREET ADDRESS					ADDRESS				
0:FY-S1:7:P TITUE	MIAMI SHORES FL STD	DELE			ST - ZIP	· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAMi	PARRY, PHYLLIS E.	() U.C.C	2.2 N					Carl Change	LL NOVIION
STREET ADDRESS					ADDRESS	•			
COTY - ST - ZIP	MIAMI SHORES FL		li i		ST-ZIP				
THLF		☐ DELE	TE 3.1 TO	ITLE		**************************************		☐ Change	Addition
NAME		ţ	3.2 N	AME					
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CHY-S1-Z0F		DELE			ST-ZIP			Change	Addition
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City-St-Z+					ST-ZIP				
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TILLE		DELE			}			Change	Addition
NAVE contractories			6.2 N		r Monorce				
STREET ADDRESS	`				F ADDRESS				
C TY-S1-ZIP	1		6.40	(1Y-5	ST-ZIP	440 07(0)() F(-17.0)			

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. 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 10 if changed, or on an attachment with an address.

SIGNATURE:

ING OFFICER OR DIRECTOR

3/17/97 305758969/