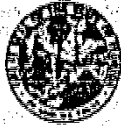


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 24 PM 1:31

DOCUMENT # J10557 (3)

1. Corporation Name

PARRY REAL ESTATE MANAGEMENT, INC.

Principal Place of Business

**POST OFFICE BOX 8020
STE 200
HALLANDALE FL 33008-0020
US**

Mailing Address

**POST OFFICE BOX 8020
STE 200
HALLANDALE FL 33008-0020
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/21/1986

3a. Date of Last Report

05/01/1994

4. FBI Number

59-2681525

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

7. This corporation has liability for intangible tax under S-199.032?

Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21 20803 Biscayne Blvd.

Suite, Apt. #, etc.

22 Suite 200

City & State

23 Aventura, Florida

Zip

24 33180

Country

25 US

2a. Mailing Address

26 20803 Biscayne Blvd.

Suite, Apt. #, etc.

27 Suite 200

City & State

28 Aventura, Florida

Zip

29 33180

Country

30 US

9. Name and Address of Current Registered Agent

**KORN, GARY A., ESQ.
20803 BISCAYNE BLVD
STE 200
AVENTURA FL 33180**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

**TITLE PD
NAME PARRY, PHYLLIS E.
STREET ADDRESS 249 NE 97TH ST.
CITY-ST-ZIP MIAMI SHORES FL**

**TITLE STD
NAME PARRY, GENE
STREET ADDRESS 249 NE 97TH ST.
CITY-ST-ZIP MIAMI SHORES FL**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 110.07(3)(k), 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; I changed, or on an attachment with this address.

SIGNATURE:

PHYLLIS E. PARRY, PD

2/23/95 305-758-9691