FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **J17299** **(5)**

1. Corporation Name
PARALLEL CONCEPTS INC.

Principal Place of Business	Mailing Address
1694 TIMOCUAN WAY **SUITE 114** **LONGWOOD FL 32750**	**1694 TIMOCUAN WAY** **SUITE 114** **LONGWOOD FL 32750-3715**

3. Date Incorporated or Qualified: **05/30/1986**	3a. Date of Last Report: **04/29/1996**
4. FEI Number: **59-2681877**	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

CRAWFORD, KEITH M
1694 TIMOCUAN WAY STE 114
LONGWOOD FL 32750

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CRAWFORD, SALLY		1.2 NAME	
STREET ADDRESS	175 SHADY LANE		1.3 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CRAWFORD, KEITH M.		2.2 NAME	
STREET ADDRESS	175 SHADY LANE		2.3 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	WEINBEL, GEORGE		3.2 NAME	
STREET ADDRESS	587 PALM DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 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		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 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: Sally W. Crawford Sally W. Crawford 3/20/97 407-332-1925
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0067523