

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J33565 (9)

1. Corporation Name
PARKER MANAGEMENT, INC.



Principal Place of Business
6296 CORPORATE CT
A101
FT. MYERS FL 33919
US

Mailing Address
6296 CORPORATE CT
A101
FT. MYERS FL 33919
US

3. Date Incorporated or Qualified 09/16/1986 3a. Date of Last Report 04/27/1995

2. Principal Place of Business
21 9400 GLADIOLUS DRIVE
Suite, Apt. #, etc.

2a. Mailing Address
26 9400 GLADIOLUS DRIVE
Suite, Apt. #, etc.

4. FEI Number 59-2736349 Applied For Not Applicable

22 SUITE 250
City & State

27 SUITE 250
City & State

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 FT MYERS FLA
Zip Country

28 FT MYERS FL
Zip Country

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 33900 25 USA

29 33900 30 USA

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MITCHELL, STEPHEN J.
201 N FRANKLIN STREET, STE 2100
TAMPA FL 33602

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DV
NAME PARKER, JACK
STREET ADDRESS 2800 S OCEAN BLVD
CITY-ST-ZIP BOCA RATON FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE PD
NAME TURKEN, WALTER D.
STREET ADDRESS 6296 CORPORATE CT A101
CITY-ST-ZIP FT. MYERS FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 9400 GLADIOLUS DRIVE, SUITE 250
2.4 CITY-ST-ZIP FT MYERS FLA 33900

TITLE V
NAME KNIZNER, DAVID
STREET ADDRESS 6296 CORPORATE CT A101
CITY-ST-ZIP FT. MYERS FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS 9400 GLADIOLUS DRIVE, SUITE 250
3.4 CITY-ST-ZIP FT MYERS FLA 33900

TITLE D
NAME GLICK, ADAM
STREET ADDRESS 104-70 QUEENS BLVD
CITY-ST-ZIP FOREST HILLS NY

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE AS
NAME MITCHELL, STEPHEN J.
STREET ADDRESS 201 N FRANKLIN ST #2100
CITY-ST-ZIP TAMPA FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE AVP
NAME STELLING, SARA L
STREET ADDRESS 6296 CORPORATE CT A101
CITY-ST-ZIP FT MYERS FL

6.1 TITLE TS
6.2 NAME JOHN REISMAN
6.3 STREET ADDRESS 9400 GLADIOLUS DRIVE SUITE 250
6.4 CITY-ST-ZIP FT MYERS FLA 33900

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)(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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)