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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

K07166

PARRISH, CHAI 3631 CONWAY ORLANDO FL 3 11. Pursuant to the provor registered agent, familiar with, and act SIGNATURE SIGNATURE 12. TITLE PSD PARRISH, CHAI 3631 PARRISH 3631	Country 25 me and Address of Cur RLES E. GARDENS RD. 32806	2a. M 26] S 27] C 28]	ng Address 6 C.E. PARRISH 631 CONWAY GAR 9RLANDO FL 32806 Mailing Address Suite, Apt. #, etc. Dity & State 11p		puntry		3. Date Incorporated or Qualified 12/15/1987 4. FEI Number 59-2880384 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution	3a. Date of Last Report 04/20/1995 Applied Fo Not Applica \$8.75 Additional Fee Required \$5.00 May Be
2. Principal Place of But 11 Suite, Apt. #, etc. 2 City & State 3 Zip 4 PARRISH, CHAI 3631 CONWAY ORLANDO FL 3 11. Pursuant to the provor registered agent, familiar with, and act SIGNATURE SIREET ADDRESS CITY-SI-ZIP UTLE NAME STREET ADDRESS CITY-SI-ZIP UTLE	Country 25 me and Address of Cui RLES E. GARDENS RD. 32806	2a. M 26] S 27] C 28]	6 C.E. PARRISH 631 CONWAY GAR 981ANDO FL 32806 Mailing Address Suite, Apt. #, etc. Dity & State		puntry		12/15/1987 4. FEI Number 59-2880384 5. Certificate of Status Desired 6. Election Campaign Financing	O4/20/1995 Applied Fo Not Applie \$8.75 Additions Fee Required \$5.00 May Be
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9. Nar PARRISH, CHAI 3631 CONWAY ORLANDO FL 3 1. Pursuant to the provor registered agent, familiar with, and ac signature, by: Signature, by: PSD PARI IREE ADDRESS ITY-S1-ZIP ILE IREET ADDRESS ITY-S1-ZIP ILE	me and Address of Cui RLES E. GARDENS RD. 32806	29		·····	ountry			
9. Nate PARRISH, CHAIN 3631 CONWAY ORLANDO FL 3 1. Pursuant to the provious registered agent, familiar with, and action of registered agent, familiar with a provided agent, familiar with, and action of the provided agent, familiar with, and action of the provided agent, familiar with, and action of the provided agent, familiar with a pr	me and Address of Cui RLES E. GARDENS RD. 32806	29		·····	ountry			Added to Fees
PARRISH, CHAI 3631 CONWAY ORLANDO FL 3 1. Pursuant to the provor registered agent, familiar with, and acceptance of the provortion of the	RLES E. Gardens Rd. 32806	rrent Register	red Agent	L			8. This corporation has liability for in Florida Statutes Yes	
3631 CONWAY ORLANDO FL 3 1. Pursuant to the provor registered agent, familiar with, and action of the provortion of the	GARDENS RD. 32806				81		10. Name and Address of New Re	
Signature Sign	visions of Spotions 607.0	PARRISH, CHARLES E. 3631 CONWAY GARDENS RD. ORLANDO FL 32806				Street Addr	ess (P.O. Box Number is Not Acceptable)	
SIGNATURE Signature, typ. 2. SILLE PSD PAR INFLET ADDRESS 3631 ORL ILLE AMME REEL ADDRESS ITY-S1-ZIP ILE AIME ITY-S1-ZIP ILE	isions of Sections 607.0				84	City		85 Zip Code
SIGNATURE Signature, typ. 2. SILLE PSD PAR INFLET ADDRESS 3631 ORL ILLE AMME REEL ADDRESS ITY-S1-ZIP ILE AIME ITY-S1-ZIP ILE	no one or pections bur.U	502 and 607.1	508, Florida Statu	tes, the ab	ove-r	named corpor	ration submits this statement for the purp	ose of changing its registered of
Signature, by: 2. PSD PAR IREET ADDRESS ITY-ST-ZIP ILE AME IREET ADDRESS ITY-ST-ZIP ILE	or both, in the Stale of F scept the obligations of, S	Rorida. Such ch Bection 607.050	nange was authori. 05, Florida Statute	zed by the s.	corp	oration's boar	rd of directors. I hereby accept the appoin	ntment as registered agent. I ar
2. STILE PSD AME PARI IREET ADDRESS 3631 ORL TILE AME IREET ADDRESS ITY-ST-ZIP TLE	oud or printed manue of registered a	agent are file Lappi	catile (N	OTE: Booistere	d Agen	it signature require	d when rejectories	DATE.
AME PÂRI REET ADDRESS 3631 TY-ST-ZIP ORL ILE MME REET ADORESS TY-ST-ZIP ILE		AND DIFECTO	ORS	13.			ADDITIONS/CHANGES TO OFFIC	
REET ADDRESS 3631 TY-ST-ZIP ORL TILE MME REET ADDRESS TY-ST-ZIP TILE	RISH, CHARLES E.		☐ DELETE		TITLE			Change Addili
ILE ME REET ADDRESS IY-ST-ZIP LE	CONWAY GARDEN	S RD.			NAME STREET	ADDRESS		
ME REET ADDRESS TY-ST-ZIP LE	ANDO FL				HY-SI			
REET ADORESS IY-ST-ZIP LE			DELETE		TITLE			☐ Change ☐ Additi
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Y-S1-ZIP		*		640	ITY-ST	- ZIP		
							or the exemption stated in Section 119.07 te and that my signature shall have the sa	
oath; that I am an off appears in Block 12	icer or director of the cor	rporation of the	e receiver or truste	e empowe	red to	execute this	te and that my signature shall have the sa s report as required by Chapter 607, Florid	ine legal effect as if made unde da Statutes; and that my name
IGNATURE:			#	G35.			10/	