SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL 19 AM 11:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **L08161** **(6)**

1. Corporation Name
PARKER PRODUCTIONS & DESIGN, INC.

Principal Place of Business	Mailing Address
232 N. TRADEWINDS AVE. C/O BARBARA PARKER LAUD-BY-THE-SEA FL 33308 US	232 N. TRADEWINDS AVE. C/O BARBARA PARKER LAUD-BY-THE-SEA FL 33308 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/09/1989
3a. Date of Last Report: 05/24/1994

2. Principal Place of Business	2a. Mailing Address
21 4737 N. Ocean Dr.	26 4737 N. Ocean Dr.
Suite, Apt. #, etc. 22 Suite 125	Suite, Apt. #, etc. 27 Suite 125
City & State 23 Ft. Lauderdale Fl.	City & State 28 Ft Lauderdale Fl.
Zip / Country 24 33308 25 FL.	Zip / Country 29 33308 30 USA

4. FEI Number: 65-0138091 ☐ 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

9. Name and Address of Current Registered Agent

PARKER, BARBARA
232 N. TRADEWINDS AVE.
LAUDERDALE-BY-THE-SEA FL 33308

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 4737 N. Ocean Dr. Suite 125
83 Ft. Lauderdale Fl. 33308
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: Barbara Parker Barbara Parker, president DATE: 7/9/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	PARKER, BARBARA	1.2 NAME	
STREET ADDRESS	232 N. TRADEWINDS AVE.	1.3 STREET ADDRESS	4737 N. Ocean Dr., Suite 125
CITY-ST-ZIP	LAUDERDALE-BY-THE-SEA FL	1.4 CITY-ST-ZIP	Ft. Lauderdale, Fl. 33308
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (3/95)

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)(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: Barbara Parker Barbara Parker, president 7/9/95 (305)351-3039
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0072429 CP