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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L14298

1. Corporation Name

PARITOR CORP.

FILED Feb 17, 1999 8:00 am Secretary of State

02-17-1999 90030 039 ***150.00



| Principal Place | e of Business | Mailing Add | ress | | | | | | | | | | | | |
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| 21 | idos di Business | 26 | | | | | | 59-2988 | | • | | | | pplicable | · . |
| Suite, Apt. | #. etc. | Suite, Ap | ot. #, etc. | | | | | | | · | | \$8.7 | 5 Add | ditional | [] |
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| 24 | 25 | 29 | : | 30 | | | | Personal P | | | | □ Yes | | No | 1 |
| | 9. Name and Address of Curren | nt Registered Age | ent | | | | 10 | . Name and | Address | of New R | legistere | d Agent | | · | - |
| 410 | THE CORPORATE CERVICES IN | IC | | | 81 1 | Name | | | | | | | | | |
| | ELL CORPORATE SERVICES, IN | 1 0. | | | | 2 Street Addre | | P.O. Box Nu | mber is No | t Accepta | ble) | | | | 1 |
| | ROYAL PALM WAY, SUITE 300 | | | | | | | | 3 + 5 5 5 | | | 1 2 1 1 9 30 gr | 511 1181 | - 2121-1971 | 1 |
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| office or r | to the provisions of Sections 607.050 egistered agent, or both, in the State im familiar with, and accept the obligations. | of Florida Such o | change was au | thonzed | d by the | named c e corpor | orporation ration's b | on submits the loard of direc | is statement tors. I here | nt for the eby accep | purpose of the app | of changing pointment as | its reg regist | gistered tered | |
| • | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | ł |
| SIGNATURE | Signature, typed or printed name of registered age | ent and title if applicable. | (NOTE: I | Registered | d Agent sig | gnature rec | quired when | reinstating): | 713 | | DATE | · | | | 6 |
| 12. | OFFICERS AN | ND DIRECTORS | | Registered | d Agent sig | | | ADDITIONS | /CHANGE | s to of | | | | | 100 |
| | OFFICERS AN | ND DIRECTORS | (NOTE: I | | | | PSD | | /CHANGE | S TO OF | | AND DIREC | | S IN 12 | (44,00) |
| 12. | OFFICERS AN V3D MAISON, JOYCE F | ND DIRECTORS | | 13. | ITLE | | | ADDITIONS | /CHANGE | S TO OFF | | | | | (44/00) |
| 12. | OFFICERS AN V3D MAISON, JOYCE F 222 CHERRY LANE | ND DIRECTORS | | 13. 1.1 TF 1.2 N/ | ITLE | (| | ADDITIONS | /CHANGE | S TO OFF | | | | | 7007 (44,00) |
| 12. TITLE NAME | OFFICERS AN VSD MAISON, JOYCE F 222 CHERRY LANE PALM BEACH FL 33480 | ND DIRECTORS [| _] DELETE | 13. 1.1 TF 1.2 N/ 1.3 ST | ITLE IAME | DDRESS | | ADDITIONS | /CHANGE | S TO OFF | | ⊡ Chan | ge | ☐ Addition | DOLOGA (44,00) |
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| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFFICERS AN VSD MAISON, JOYCE F 222 CHERRY LANE PALM BEACH FL 33480 PTD- HANSEN, FABIO | ND DIRECTORS | DELETE DELETE | 13. 1.1 TC 1.2 N/ 1.3 ST 1.4 CC | ITLE IAME TREET AD ITY-ST-ZI | DDRESS | | ADDITIONS | /CHANGE | S TO OFF | | ⊡ Chan | ge | ☐ Addition | CD2E024 (44/09) |
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14. I 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, with all other like empowered.

SIGNATURE: