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CORPORATION ANNUAL REPORT



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

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DOCUMENT # 1. Corporation Name

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	of Business		PAREL	iling Address								
	AROCCA JPLE ROAD STE 103 INGS FL 33065			% GUS S. LARON 7305 W SAMPLE CORAL SPRINGS	ROAD ST							
COHAL SPH	INGS FL 33065			CORAL SPRINGS	5 FL 33003	,		3. Date Incorporated or C 09/11/1989	Jualified		e of Last R 04/24/1	
2. Principal Plac	ce of Business		2a.	Mailing Address				4. FEI Number			⊢ +	Applied For
21			26					65-0150540				Not Applicable
Suite, Apt. #	, etc.		27	Suite, Apt. #, etc.). 			5. Certificate of Status De	esired			Additional Required
City & State			28	City & State	_			6. Election Campaign Finance Trust Fund Contribution	n		Adde	0 May Be d to Fees
Ζιρ 24	25 Cou	ntry	29	Zıp	30	Country		This corporation has lia Florida Statutes	ability for in		ax under s	199.032,
	9. Name and Ad	dress of Current	Regist	ered Agent				10. Name and Address	of New R	egistered	Agent	
						81	Name					
	CA, GUS S. / SAMPLE RD					82	Street Add	ress (P.O. Box Number is Not	Acceptabl	le)		
	SPRINGS FL 33)65				83						
						84	City			Fl	85 Z	p Code
11. Pursuant to	the provisions of S	ections 607.0502	and 607	7.1508, Florida St	tatutes, the	e above-	named corpo	ration submits this statement f ard of directors. I hereby accep	or the pur	pose of ch	nanging its i	egistered office
	a agent, or both, in	ligations of Section	on 607.0	0505, Florida Stati	tutes.				• • •		-	
familiar with	n, and accept the ob	ngarono o , o o o .										
familiar with SIGNATURE	n, and accept the ob-					stered Age	nt signature requir	ad when reinstating!		DATE		
familiar with			and title if ap	upplicable	(NOTE: Reg	stered Age	nt signature requir	ed when reinstating" ADDITIONS/CHANGES	S TO OFFI			
familiar witl	Signature, typed or printed n	OFFICERS AND	and title if ap	upplicable	(NOTE: Reg		nt signature requin		S TO OFFI		D DIRECTO	DRS IN 12
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certify that the information indicated on this annual giport or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made unde oath; that I am an officer or director of this 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 or latered, for or an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE Date Profer PRINTED NAME OF SIGNING OFFICER OR DIRECTOR