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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # **L60809**

(5)

PARKER AND SONS ENTERPRISES, INC.

Principal Place o	of Business	Mailing Address			
18845 NW 14T MIAMI FL 3316	=	18845 NW 14TH RD. Miami FL 33169			
				3. Date Incorporated or Qualified 03/23/1990	3a. Date of Last Report 04/04/1995
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0217973	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
Suite, April #, etc.		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	55.00 May Be
23		28		Trust Fund Contribution	Added to Fees
- Zip ₁	Country	Zip	Country	8. This corporation has liability for Florida Statutes Yes	intangible tax under s=199.032, □ No
24	25 9. Name and Address of Curre	29 nt Registered Agent	30	10. Name and Address of New F	
	g, Hallie and The State of the		81 Name		
JONES (CHARLES L		82 Street Add	ress (P.O. Box Number is Not Acceptab	ole)
	168 ST #9		Sireer Add	ress (Fer Box Hamber to Her Receptor	
MIAMI FL			83		
			84 City		85 Zip Code
				ration submits this statement for the pu	<u>FL </u>
SIGNATURE:	Signature typed or printed name of registered 8 (in OFFICERS AN	ND DIRECTORS	DTE: Registered Agent signature require	ed when reinstating? ADDITIONS/CHANGES TO OFF	
TITLE	V	DELF 16	1. 1 TITLE		Change Addition
NAME	Parker, eric a		1.2 NAME		
STREET ADDRESS	17760 NW 17TH AVE		1.3 STREET ADDRESS		
CITY-ST-ZIF	MIAMI FL	☐ DELETE	1.4 CFTY - ST - ZFP 2 1 TITLE		Change Addition
TITLE	PT Parker, William Sr	L.J bettie	2 2 NAME		□ 9· □
NAME STREET ADDRESS	18845 NW 14TH RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2 4 CITY - ST - ZIP		
TITLE	8	☐ DELETE	3 1 TITLE		Change Addition
NAME	PARKER, ROSA L.		3.2 NAME		
STREE1 ADDRESS	18845 NW 14TH RD		3 3 STREET ADDRESS		
CITY - S1 - ZIP	MIAMI FL	F3 pr. srs	3 4 CITY - ST - ZIP		Change Addition
TITLE		☐ DELETE	4 1 THILE		T cusults T vocition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS 4.4 CITY - S1 - ZIP		
CITY-ST-ZIP TITLE		[] DELETE	5 1 TITLS		Change Addition
NAME		Lui · ·	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
DITY-ST-ZP			5.4 CI1Y-S1-ZIP		
TITLE		DELF16	6 1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP			€ 4 CHY-SI-7IP	for the exercise stated in Contract of	2.07/9Wky Florida Statutas I further
certify that	i the information indicated on this on	inual report or supplemental an paration or the receiver or trust	nual report is true and accu ec empowered to execute t	for the exemption stated in Section 11st rate and that my signature shall have th his report as required by Chapter 607, I	e same lecial effect as il mago ungo

SIGNATURE: William Parker la - WILLIAM PARKER SR. 5-5-96 305-621-5784

2E034 (12/95)