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

CORPORATION ANNUAL REPORT



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

1996

L61537 **DOCUMENT #** 

(1)

PARKER COMMUNICATIONS SYSTEMS, INC.

**FILED** May 01 1996 8:00 am Secretary of State



Principal Place	e of Business	Mailing Address				s sensings non esing croms ninde sixte idnet fram 1990) diskt didit Dibit (60).			
4720 W CYPRESS TAMPA FL 33607 US		4720 W CYPRESS TAMPA FL 33607 US							
		US				3. Date Incorporated or Qualified 04/02/1990	3a. Date	of Last I /08/19	
	lace of Business	2a. Mailing Address			4. FEI Number			Applied For	
21 Cuito Ant	4 .1	26				<b>59-3011479</b> Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27			5. Certificate of Status Desired			5 Additional Required
City & Stati	e	City & State	<del>  </del>			6. Election Campaign Financing		\$5.0	OO May Be
23		28				Trust Fund Contribution			ed to Fees
Ζιρ <b>24</b>	⊢n ′			Country		8. This corporation has liability for in		x under s	199.032,
24	25     29   9. Name and Address of Current Registered Agent		30	30		Florida Statutes X Yes No			
	5. Name and Address of Curre	ni negistereo Agent		81	Name	10. Name and Address of New Ro	gistered	igent	
DADVED	IEEEOEV D			01	Narrie				
	, Jeffrey R. Cypress		82 Street Ad			dress (P.O. Box Number is Not Acceptable)			
			ĺ	83					
TAMPA F	-L 33607			•3					
				84	City			85 Z	ip Code
11 Purcuent	to the provinces of Sections 507 050	0 and 007 4500 Ft. (d. 0)			<del></del> <del>_</del> -		<u>FL</u>	1 1	· 1
				ve-ni orpo	amed corpora pration's board	ation submits this statement for the purp d of directors. I hereby accept the appo	ose of cha	nging its	registered office
familiar wi	th, and accept the obligations of, Sec	tion 607.0505, Florida Statutes	š. ·			appe	THE TOTAL CAS	oglotors	a agont ram
SIGNATURE .	Clean								
12.	Signature, typed or printed name of registered ager	it and title if applicable (NO ID DIRECTORS	TE: Registered	Agent	signature required		DATE		
TITLE	DCP OF THE PARTY	DELETE		1. 1 TITLE		ADDITIONS/CHANGES TO OFFIC			
NAME	PARKER, JEFFREY R			1.2 NAME			L	) Change	Addition
STREET ADDRESS	4720 W CYPRESS								
	TAMPA FL 33607		•		address				
CITY - ST - ZIP TITLE	DV	☐ DELETE		1.4 CITY - ST - ZIP 2. 1 TITLE				1.00	
NAME	RILEY, SCOTT P			2.2 NAME			L.	] Change	☐ Addition
STREET ADDRESS	4720 W CYPRESS								1
CITY-ST-ZIP	TAMPA FL 33607				ADDRESS				
TITLE	DST	☐ DELETE		2.4 CITY - ST - ZIP 3. 1 TITLE				1 0	<b>53 1</b> 1 1 2 2
NAME	PARKER, THADDEUS C			3.1 TITLE			L.	) Change	☐ Addition
STREET ADDRESS	4720 W CYPRESS				ADDRECC				
CITY-ST-7IP	TAMPA FL 33607		4		ADDRESS				
TITLE	D	☐ DELETE	3 4 CIT		- 217			Change	Addition
NAME	PARKER, J. ROSS		4.2 NA				L	Louanye	☐ Addition
STREET ADDRESS	4720 W CYPRESS				ADDRESS				į
City-St-7iP	TAMPA FL 33607				1				İ
TITLE		☐ DELETE	4.4 CiT 5. 1 TiT		ZIT'			Change	Addition
NAME			5.2 NA				_	Linarige	☐ Woomon
STREET ADDRESS					.nnbeec				
CITY-S1-ZIP					DDRESS				
TITLE		☐ DELETE	5 4 CIT		ZIF		۲.	Change	Cl Addition
NAME		E) percit	6.2 NA				L	Change	☐ Addition
STREET ADDRESS					pporce				-
					DDRESS				
14. Ldo hereby	v certify that the information supplied	with this filing is voluntarily furn	6 4 Cit			the execution stated in Continued Co.	100.63 - 5		

roo riereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Fiorida 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, of or an attachment with an address.

SIGNATURE:

WE OF SIGNING OFFICER ON DIRECTOR P. P. 1/18/96 (813) 287-2236