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

CORPORATION ANNUAL REPORT **1995**

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

**FILED**
**SECRETARY OF STATE**
**DIVISION OF CORPORATIONS**
**95 APR -4 PM 11:38**

DOCUMENT # **M05513** **(0)**

1. Corporation Name
**PAR INVESTMENT CORPORATION**

| Principal Place of Business | Mailing Address |
|---|---|
| 222 LAKEVIEW AVE SUITE 1260<br>WEST PALM BCH FL 33401 | 222 LAKEVIEW AVE SUITE 1260<br>WEST PALM BCH FL 33401 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/21/1984
3a. Date of Last Report: 04/25/1994

2. Principal Place of Business
21 501 S. Flagler Drive
Suite, Apt. #, etc.
22 #309
City & State
23 West Palm Beach, FL
Zip 24 33401 Country 25 USA

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-2455088 ☐ 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

RAPAPORT, PETER A.
222 LAKEVIEW AVE 1260
WEST PALM BCH 33401

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 501 S. Flagler Drive
83 Suite 309
84 City: West Palm Beach FL 85 Zip Code: 33401

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 _____ DATE
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PST | 11 TITLE | ☒ Change ☐ Addition |
| NAME | RAPAPORT, PETER A. | 12 NAME | |
| STREET ADDRESS | 222 LAKEVIEW AVE | 13 STREET ADDRESS | 501 South Flagler Drive #309 |
| CITY-ST-ZIP | W. PALM BEACH FL | 14 CITY-ST-ZIP | West Palm Beach, FL 33401 |
| TITLE | V | 21 TITLE | ☐ Change ☐ Addition |
| NAME | BARRON, ELIZABETH | 22 NAME | |
| STREET ADDRESS | 277 JAMAICA LANE | 23 STREET ADDRESS | |
| CITY-ST-ZIP | PALM BEACH FL | 24 CITY-ST-ZIP | |
| TITLE | AST | 31 TITLE | ☐ Change ☐ Addition |
| NAME | DALEY, DOROTHY M. | 32 NAME | |
| STREET ADDRESS | 11188 MONET TERRACE | 33 STREET ADDRESS | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL | 34 CITY-ST-ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

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:** Dorothy M. Daley 3/31/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date

0243176 CP