

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
CORPORATION
A-5915-C
CORPORATION

APPROVED
AND
FILED

DOCUMENT # **P05028** (6)
PARISIAN, INC.

APR 11 1995
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **750 LAKESHORE PKWY BIRMINGHAM AL 35211**
Mailing Address: **750 LAKESHORE PKWY BIRMINGHAM AL 35211**

| | |
|---|--|
| 3. Date the Corporation is Qualified 02/15/1985 | 3a. Date of Last Report 04/12/1994 |
| 4. FEI Number 63-0680839 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under § 193.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|---|--|
| 2. Principal Place of Business 21. State Apt. # etc. 22. City & State | 2a. Mailing Address 26. State Apt. # etc. 27. City & State |
| 23. City & State | 28. City & State |
| 24. State | 29. State |
| 25. County | 30. County |

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

| |
|--|
| 81. Name |
| 82. Street Address (P.O. Box Number is Not Acceptable) |
| 83. |
| 84. City |
| 85. Zip Code |

11. The undersigned hereby declares that he/she is a resident of the State of Florida, and that he/she is a natural person, and that he/she is qualified to be a registered agent under the laws of the State of Florida. He/she is authorized by the corporation's board of directors to accept the appointment as registered agent. I am familiar with and accept the obligations of § 609.032, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------------|
| TITLE | P |
| NAME | HESS, DONALD |
| STREET ADDRESS | 750 LAKESHORE PKWY |
| CITY | BIRMINGHAM AL |
| TITLE | V |
| NAME | ABROMS, HAROLD |
| STREET ADDRESS | 750 LAKESHORE PKWY |
| CITY | BIRMINGHAM AL |
| TITLE | ST |
| NAME | BAILEY, WARREN |
| STREET ADDRESS | 750 LAKESHORE PKWY |
| CITY | BIRMINGHAM AL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY | |

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | | | | | | |
|-------|------|----------------|------|-------|-----|-------------------------------------|--------------------------|
| TITLE | NAME | STREET ADDRESS | CITY | STATE | ZIP | Change | Addition |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct, and that I am a resident of the State of Florida. I further certify that the information included 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. I am an officer or director of the corporation at the time of filing and my name is included on the report as required by Chapter 609, Florida Statutes, and that my name appears in Block 12 or 13 or 14 as changed or on an attachment with an address.

SIGNATURE: *Warren Bailey* **WARREN BAILEY** 4-26-95 205-940-4915