

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P38298 (6)

1. Corporation Name
PARKINTEX, INC.



Principal Place of Business 2091 E 4800 SO STE 20 SALT LAKE CITY UT 84117 US	Mailing Address 1400 GULF SHORE BLVD NO. STE 202 NAPLES FL 34102-4975 US
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3. Date incorporated or Qualified 04/13/1992	3a. Date of Last Report 04/18/1996
4. FEI Number 65-0320350	Applied For <input type="checkbox"/> Applied For <input checked="" 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 s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 3078 No Tamiami Tr Suite, Apt. #, etc.	2a. Mailing Address 26
22 200 City & State	27 City & State
23 Naples FL Zip Country	28 Zip Country
24 34103 Country	29 Collier Country

9. Name and Address of Current Registered Agent

PARKER, LARRY
725 KETCH DRIVE
NAPLES FL 34103

10. Name and Address of New Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PST	<input type="checkbox"/> DELETE	1.1 TITLE President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PARKER, LARRY		1.2 NAME Parker, Larry
STREET ADDRESS 1400 GULF SHORE BL, #202		1.3 STREET ADDRESS 3078 No. Tamiami Trail # 200
CITY-ST-ZIP NAPLES FL		1.4 CITY-ST-ZIP Naples, FL 34103
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PARKER, LARRY		2.2 NAME Parker, Larry
STREET ADDRESS 1400 GULF SHORE BL, #202		2.3 STREET ADDRESS 3078 No. Tamiami Trail # 200
CITY-ST-ZIP NAPLES FL		2.4 CITY-ST-ZIP Naples, FL 34103
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE
NAME		3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS
CITY-ST-ZIP		3.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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.

CR2E034 (9/96)