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

PROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT # P93000028444 (6) PARRYSAL, INC.

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 30 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					- 	I SBENDEN 160 GOLDO HELL GAZNE DÆLKU BOLKU ÓÐENG HAÐÐI TÓNU BEÐAN ÁNGUL HAÐU HAÐU			
					1				
1740 W. AIRP		1740 W. AIRPORT BLV SANFORD FL 32771	1740 W. AIRPORT BLVD.						
SANFORD FL 32771		SANFONU PL 32771			DO NO	DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qu	ualified			
					04/16/1993				
2. Principal Pl	ace of Business	2a, Maiting Address			4. FEI Number		TA _r	oplied For	
ন		26			59-3174953			ol Applicable	
Suite, Apt 1	, etc.	Suite, Apt #, etc.			- \$R 75 Addition				
2]		27			5. Certificate of Status Des	sired	Fee Re		
City & State		City & State			6. Election Campaign Fina	ncina	\$5.00	May Do	
3		26			Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Cou	ntry	8. This corporation owes o				
<u>a</u>	25	29	30	•	Personal Property Tax of			T No	
·	9. Name and Address of Currer		1001		10. Name and Address of				
IAI	IRENCE, STEVEN L			61 Name		10	<u>, 5</u>	5	
	S. WESTMONTE DR.			729	K-KD STREET	> PARR		CAR	
SUITE 2040 ALTAMONTE SPRINGS FL 32714				Street Address (P.O. Box Number is Not Acceptable)					
									~ \74
							Ì	84 City	
					storis	<u> </u>			
office or re	the provisions of Sections 607 050 gistered agent, or both, in the State	of Florida, Such change was	s audhorizad	by the corno	orporation submits this statement ration's board of directors. I heret	for the purpose of ov accept the apr	i cha∩ging it xintment as	s registered registered	
agent Lan	n fee lies with, and accept the oblig	ations of, Section 607 0505, I	Florida Stati	tes		.,			
SIGNATURE	Diesen.	Larson I K	120	2 75	AN YARRY	4117	188		
	fignatore, typed or profind name of registered age	int and their supplicable (No		Agent signature re-	quired when reinstating)	DATE			
12.	OFFICERS AN		13.		ADDITIONS/CHANGES T	O OFFICERS AND			
TITLE	P	DELETE	1.1117	LE			Change	Addition	
NAME	PARRY, SUSAN		1.2 NA	ME					
STREET ADDRESS	213 FLAMINGO DR.		1.3 ST	REET ADDRESS					
CITY-ST-ZIP	SANFORD FL 32773		1.4 013	Y-ST-ZIP					
TITLE (V	DELETE	2 1 111	LE 3	X		Change	Addition	
NAME	PARRY, CHRISTOPHER		2.2 NA	ME J	netchif, luch	7 . [7]			
STREET ADDRESS	213 FLAMINGO DR.		2.3 STI	REET ADDRESS	315 rock rom				
CITY-ST-ZIP	SANFORD FL 32773	,	2.4 CI	ry-ST-ZIP	SANFORD, FL.	32773			
TITLE	8	DELETE	3.1 T/T		<u> </u>		Change	Addition	
NAME	PARRY, ALICE		3.2 NA	ME S	AZNOT, EVANS				
STREET ADDRESS	1718 PINE RIDGE RD			REET ADDRESS	LIN COUNTRY CH	JUBCK,			
CITY-ST-ZIP	SANFORD FL			Y-ST-ZIP	SANFORD, FL. 3	2771	,		
TITLE	7	DELETE					Change	Addition	
NAME	PARRY, M V		4 2 514	1	METCALF LUCIA	A	-fin + miles		
1	1718 PINE RIDGE RD		40.07	m. 0007 40000000 2	NETCALF LUCIA	L15 :			
STREET ADORESS	SANFORD FL		4.3 SH	SECT ADURESS	ANFORD, FL.	12773			
CITY-ST-ZIP	SATURD IL	DELETE	44 CIT	Y-ST-ZIP	MN FOEID, Th.	7-11-5	Change	Addition	
TITLE		☐ 0£0£1£	5.1 FIT				T O MINGE	MODITION	
NAME (5.2 NA	L					
STREET ADDRESS			5.3 ST	REET ADDRESS					
CITY - ST - ZIP			54 CIT	Y-ST-ZIP					
TITLE	-	☐ DELETE	6.1 T(T	r e		_	☐ Change	Addition	
NAME			6.2 NA	WE					
STREET ADDRESS			6.3 STF	EET ADDRESS					
CETY ST. 78P			64 CIT	Y-ST-ZIP					

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.

SIGNATURES