

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000073592

1. Corporation Name
P.A.R. ALLOY LTD., INC.

Principal Place of Business
912 SOUTH RIDGEWOOD AVE.
SUITE D
DAYTONA BEACH FL 32114

Mailing Address
912 SOUTH RIDGEWOOD AVE.
SUITE D
DAYTONA BEACH FL 32114

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 10/11/1993	4. FEI Number 59-3228229	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	6. Election Campaign Financing <input type="checkbox"/>	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees
23 Zip 24 Country	28 Zip 29 Country	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	10. Name and Address of New Registered Agent	85 Zip Code
9. Name and Address of Current Registered Agent DUJPONT, HEWITT J 912 S. RIDGEWOOD AVE. SUITE D DAYTONA BEACH FL 32114		81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83 84 City FL

11. Pursuant to the provisions of Sections 607.0501 and 607.1506, 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 Signature, typed or printed name of registered agent and title if applicable.		(NO) E: Registered Agent signature required when reinstating	DATE
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARHAM, ROBERT L 2555 S. ATLANTIC AVE. #1907 DAYTONA BEACH SHORES FL 32118	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARHAM, PATRICIA L 2555 S. ATLANTIC AVE. #1907 DAYTONA BEACH SHORES FL 32118	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROBERT L. PARHAM

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90008 049 ***150.00



DO NOT WRITE IN THIS SPACE

0023246

CR2E034 (11/98)

1-6-99 (904) 257-2425

Date

Daytime Phone #