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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATI

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000079049 (1)

PARCEL INVESTMENT CORP.

Principal Place of Business Mailing Address									1 *####################################		9919 19111 9	4411 011	110 1011 1001	
148 SANSAL		1008 CALIFORNIA CREEK												
CASSELBERRY FL 32707-4 US				OVIEDO FL 32765					DO NOT WRITE IN THIS SPACE					
									3. Date Incorporated or Qualifie	b				
									11/16/1993					
2. Principal Place of Business				2a. Mailing Address					4. FEI Number			Applied For		
21				26					22-3284611			$\rightarrow$	t Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired				Additional equired	
22 City & State				City & State					A Florida Companies Figure				· <del>-i</del>	
23				28					<ol> <li>Election Campaign Financing</li> <li>Trust Fund Contribution</li> </ol>				May Be	
Zip				Zip Country				8. This corporation owes or has		Added to Fees				
24	25		29	<del></del>		•						Yes No		
9. Name and Address of Curren									10. Name and Address of New	<del> </del>	d Agent			
H/	AYES, CLAY	/IN				81	Na	me						
		RNIA CREEK DR.				82	Str	eet Addr	ess (P.O. Box Number is Not Accep	iable)				
OVIEDO FL 32765							O ( O C A A A							
						83								
						84	Cit				. 85	Zin (	Code	
								-		F		•		
11. Pursuant	to the provis	ions of Sections 607.	0502 and 6	07.1508, Florida Statu	utes, the	above	e-nar	ned corp	oration submits this statement for the ion's board of directors. I hereby according to the control of the contr	purpose	of chang	jing it	s registered	
agent. I a	ım <b>fa</b> miliar w	ith, an <b>d a</b> ccept the of	oligations of	f, Section 607.0505, F	lorida S	tatutes	S.	corporati	ions board or directors. Thereby act	rept the ap	эрошино	HI, EIS	registered	
SIGNATURE														
	Signature, typed	or printed name of registered					ent sign	ature require	ed when reinstating)	DATE	ID DIDE:	0700		
. 12.	P	OFFICERS	AND DIREC	DELETE	13				ADDITIONS/CHANGES TO OF	ICERS AN		CTOR lange	S IN 12 Addition	
NAME	HAYES, CALVIN					1.1 TITLE 1.2 NAME					L., 011	ange	L.J Addition	
STREET ADDRESS		ALIF <b>orn</b> ia Creek	no.			STREET	ANNO							
CITY-ST-ZIP		) FL 32765	DII.			CITY-S		"						
TITLE	ST	/ 1 L OL 100		DELETE		TITLE	11-211	-			Ch	ange	Addition	
NAME		ANGELINE		_		NAME					_	•	_	
STREET ADDRESS		ALIFORNIA CREEK	DR.			STREET	ADDRI	-ss						
CITY-ST-ZIP		FL 32765				4 CITY - S								
TITLE	3			DELETE		TITLE			11		☐ Ch	ange	Addition	
NAME					3.2	NAME								
STREET ADDRESS					3.3	STREET	ADDRI	:ss						
CITY-ST-ZIP					3.4	I. CHTY-S	ST - ZIP							
TITLE				DELETE	4.1	TITLE					Ch	ange	Addition	
NAME					4.:	2 NAME								
STREET ADDRESS					4.3	STREET	ADDRE	SS						
CITY-ST-2IP					4.4	CITY-S	I - ZIP	- 1						
TITLE	-		· · · · · · · · · · · · · · · · · · ·	DELETE	5.1	TITLE					Ch	ange	Addition	
NAME					5.2	NAME								
STREET ADDRESS					5.3	STREET	ADDRE	:SS						
CITY-ST-ZIP					5.4	CITY-S	T-ZiP							
TITLE				DELET <b>E</b>	6.1	TITLE	-				Chi	ange	Addition	
NAME					6.2	NAME								
STOCKT ANNOUSES					6.3	CTOFFT	ANNO	ec						

14. Thereby 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 trusted ampowered 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.

R2E034 (10/97)

**FILED** 

Feb 02 1998 8:00am

Secretary of State