FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 3:28

DOCUMENT # **P94000004386 (6)**

1. Corporation Name
PARALLAX IRRIGATION, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
~~301 W SAN MARINO DR~~ ~~MIAMI BEACH FL 33139~~	~~901 W SAN MARINO DR~~ ~~MIAMI BEACH FL 33139~~
7800 S.W. 128th St. Miami, Florida 33156	7800 S.W. 128th St. Miami, Florida 33156

3. Date Incorporated or Qualified: 01/19/1994
3a. Date of Last Report:

2. Principal Place of Business
21 7800 S.W. 128th Street

2a. Mailing Address
26 S/A

4. FEI Number: 65-0460227 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

5. Certificate of Status Desired ☒ ~~XX~~ — $8.75 Additional Fee Required

City & State
23 Miami, Florida

City & State
28

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

Zip: 24 33156 Country: 25 USA

Zip: 29 Country: 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ ~~XX~~ No

9. Name and Address of Current Registered Agent

~~KEVINE & STANLEY~~
~~1110 BRICKELL AVE 7TH FLOOR~~
~~MIAMI FL 33131~~

10. Name and Address of New Registered Agent

81 Name: David Mermell, Esquire
82 Street Address (P.O. Box Number is Not Acceptable): 1450 Madruga Avenue, Suite 305
83
84 City: Coral Gables, 85 FL Zip Code: 33146

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: _____ DATE:
Signature of new registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	1.1 TITLE	☐ Change ☐ Addition
NAME	Clark Shimeall	1.2 NAME	
STREET ADDRESS	7800 S.W. 128th Street	1.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, Florida 33156	1.4 CITY-ST-ZIP	
TITLE	Vice President	2.1 TITLE	☐ Change ☐ Addition
NAME	Jon Meyer	2.2 NAME	
STREET ADDRESS	3810 S.W. 60th Street	2.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, Florida	2.4 CITY-ST-ZIP	
TITLE	Secretary	3.1 TITLE	☐ Change ☐ Addition
NAME	David Mermell	3.2 NAME	
STREET ADDRESS	6000 Rolling Road Drive	3.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, Florida 33156	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
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 is voluntarily furnished and 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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number #

0140000 CP