

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000054387 (3)**

1. Corporation Name

OUTPARCEL, INC.



Principal Place of Business

Mailing Address

**9861 SW 184TH ST
MIAMI FL 33157**

**9861 SW 184TH ST
MIAMI FL 33157**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**BREDER, JOHN C
9861 SW 184TH ST
MIAMI FL 33157**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

07/22/1994

3a. Date of Last Report

01/23/1995

4. FEI Number

65-3519023

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be

Added to Fees

8. This corporation has liability or intangible tax under s. 199.032,
Florida Statutes

Yes ☒ No ☐

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 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 of person who has been designated as agent for the corporation

(If FEI Required Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
☐ DELETE 11 TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY, ST, ZIP
☐ DELETE 11 TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY, ST, ZIP
☐ DELETE 11 TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY, ST, ZIP
☐ DELETE 11 TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY, ST, ZIP
☐ DELETE 11 TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY, ST, ZIP
☐ DELETE 11 TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition 61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY, ST, ZIP

**D
BREDER, JOHN C
9861 SW 184TH ST
MIAMI FL 33157**

**D
BREDER, RICHARD F
9861 SW 184TH ST
MIAMI FL 33157**

**D
BREDER, STEPHEN
9861 SW 184TH ST
MIAMI FL 33157**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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)(k), 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 or changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Breder

1/29/96 **305-251-1520**

CR2E034 (12/95)