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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P9400085308 (2)

PARKER RESTORATION, INC.

Principal Place of Business Mailing Address

4866 DRYDEN ROAD
WEST PALM BEACH FL 33415

WEST PALM BEACH FL 33415



					 Date Incorporated or Qualified 11/22/1994 	3a. Date of Last 6	· · · ·
. Principal Pla	ice of Business	2a. Mailing Address			4. FEI Number		Applied For
1		26			65-0535896		Not Applicable
Suite, Apt. #	t, etc.	Suite, Apt. #, etc	├ , ' ' ' ' '		5. Certificate of Status Desired S8.75 Additional Fee Required		5 Additional
City & State	· · · · · · · · · · · · · · · · · · ·				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
ι	Country	Zip	Coun	trv	This corporation has liability for		
	25	29	30	,		intangina tax tinoon ; □ No	3 133.002,
	9. Name and Address of Cur				10. Name and Address of New F		
				81 Name -	J. D. PARKER		
MCKEOWN, FRANK J JR.			82 Street Add		dress (P.O. Box Number is Not Acceptable)		
250 AUS	STRALIAN AVE. SOUTH		83		1866 DRYDEN ROAD		
SUITE 16	603						
WEST P/	ALM BEACH FL 33401		ļ.,	04		7-1-	
]'	B4 City	PALM BEACH		2ip Code 34/≤
1. Pursuant to	o the provisions of Sections 607.0	502 and 607,1508. Florida Sta	atutes the abov	e-named coroo	ration submits this statement for the pu		
 or registere 	ed onent, or beth, in the State of F	tc⊬da. Such change was auth	orized by the co	orporation's tioa	ard of directors. I hereby accept the app	ointment as registere	d agent. I am
familiar with	mand accept the obligations of, S	Section 687.0505, Florida Stall	utes.				
GNATURE				D. PAR	KBR PRESIDENT	1-17-9	16
()		agent and title 4 applicable		Agent signature require			
. –	r	AND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFF		
F	DP		1 1 10			☐ Change	Addition Addition
Ví	PARKER, J D		1.2 NA	WE			
REEL ADDRESS	4866 DRYDEN RD.		1.3 STR	IÉET ADDRESS			
Y-ST ZIP	WEST PALM BEACH FL 3			Y-ST-ZIP			
			2 1 117	ır I		☐ Change	
LF.	DTS	C DELETE	2 (11)	۱ ۱			Addition
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ME .	DTS	☐ DELETE	22 NAI				Addition
ME REFT ADDRESS	DTS PARKER, BARBARA	<u></u>	22 NAI 23 STF	ME		onengo	Addition
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4. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not quality 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 12 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-96

407-684-0030