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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 21 1997 8:00am

Secretary of State

1-14-97 561-684-0030

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000085308 (2)

PARKER RESTORATION, INC.

Principal Place of Business Mailing Address					{ 1 100/1400 118 10/14 0/0/1 00/1/ 00/1/ 00/1/	F ORIGINALIA OLI
4866 DRYDEN ROAD WEST PALM BEACH FL 33415		4866 DRYDEN ROAD				
					3. Date Incorporated or Qualified 11/22/1994	3a. Date of Last Report 01/24/1996
· · · · · ·	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
Suite, Apt	# etc	Suite: Apt. #, etc.		<u></u>	65-0535896	Not Applicable \$8.75 Additional
22 27					5. Certificate of Status Desired	Fee Required
City & State	2	City & State	& State		6. Election Campaign Financing	\$5.00 May Be
23		28	- C		Trust Fund Contribution	Added to Fees
Z(p 24	Country 25	Zip 29 3	Country 30		8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032, Yes DNo
9. Name and Address of Current Registered Agent					10. Name and Address of New Re	
PAR	KER, J D		81	Name		
4866 DRYDEN ROAD			82	Street Addr	ress (P.O. Box Number is Not Acceptate	ole)
W PALM BCH FL 33415			-		· · · · · · · · · · · · · · · · · · ·	
			83			
			84	City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	s, the abovi	e-named corp	poration submits this statement for the	ourpose of changing its registered
office or re agent. I as	egistered agent, or both, in the Stat m familiar with, and accept the obli	le of Florida. Such change was au gations of, Section 607.0505, Flori	uthorized by ida Statute:	y the corporat s.	tion's board of directors. I hereby acce	ot the appointment as registered
SIGNATURE	·					
	Signature, typed or printed name of registered a	gent and tillouf applicable (NOTE ND DIRECTORS	Registered Age	eni signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE DEDC AND DIDECTORS IN 12
12.	OP OFFICENS A	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	PARKER, J D		1.2 NAME			
STREET ADDRESS	4866 DRYDEN RD.		1.3 STREET	ADDRESS		
CITY - ST - ZIP	WEST PALM BEACH FL 3341		1.4 CITY - S	ST-ZIP		
THILE	DTS	☐ DELETE	2.1 TITLE	-		Change Addition
NAME	PARKER, BARBARA		2 2 NAME			
STREET ADDRESS	4866 DRYDEN RD.	12	2.3 STREET			
CITY - ST - ZIP	WEST PALM BEACH FL 3341	DELETE DELETE	2 4 CITY-1 3 1 TITLE	ST-ZIP		Change Addition
NAME	NORMAND, RAYMOND E	L. DILLIL	32 NAME	}		· La Grange La Mapropri
STREET ADDRESS	6 SOUTH FOUR SEASONS F	RD.	33 STREET	ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL		3.4. CITY-			
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET			
CITY-ST-ZIP		DELETE	4.4 CITY - 9	ST-ZIP		Change Addition
THTLE		ר"ו הנרנונ	5.1 TITLE			LI VIIIIUSE LI AUGIIION
NAME STREET ADDRESS			5.2 NAME 5.3 STREET	I ANNUESCE		
CITY - ST - ZIP			5.3 STREET			
TITLE		☐ DÉLET E	6 1 TITLE	,, CII		☐ Change ☐ Addition
NAME			6.2 NAME			·
STREET ADORESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP			6.4 CITY- S	ST - Z IP		

14. I do 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 changes, or open attachment with an address.