

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

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**Jan 21 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P94000085308 (2)

1. Corporation Name
PARKER RESTORATION, INC.



Principal Place of Business: **4866 DRYDEN ROAD WEST PALM BEACH FL 33415**
Mailing Address: **4866 DRYDEN ROAD WEST PALM BEACH FL 33415-3820**

3. Date Incorporated or Qualified: **11/22/1994**
3a. Date of Last Report: **01/24/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt #, etc	26 Suite, Apt #, etc.	65-0535896	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 Zip Country	28 Zip Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	25	29	30
g. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**PARKER, J D
4866 DRYDEN ROAD
W PALM BCH FL 33415**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, J D	1.2 NAME	
STREET ADDRESS	4866 DRYDEN RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	1.4 CITY-ST-ZIP	
TITLE	DTS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, BARBARA	2.2 NAME	
STREET ADDRESS	4866 DRYDEN RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	2.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORMAND, RAYMOND E	3.2 NAME	
STREET ADDRESS	6 SOUTH FOUR SEASONS RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Barbara Parker*
BARBARA PARKER, Sec. Treas. Date: **1-14-97** Day/e Phone #: **561-684-0030**

CR2E034 (9/96)