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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P9500005788 (1)

PARKER TRADING, INCORPORATED

FILED Apr 14 1997 8:00am Secretary of State



Principal Place of Business Mailing Address										
2855 NORTH SINGER ISLAN	NORTH OCEAN DRIVE SUITE 401 R ISLAND FL 33404-4752									
							3. Date incorporated or Qualified 01/19/1995	3a. Date of 01/26/1		eport
	Place of Business	├ ──	ng Address				4. FEI Number			plied For
Suite, Apt.	# eta	26	And all als				65-0553865			t Applicable
22 Suite, Apr.	. # CUC.	27	, Apt. #, etc.				5. Certificate of Status Desired	1 1		Additional equired
City & Stat	10		& State		-		6. Election Campaign Financing			May Be
23		28					Trust Fund Contribution			may be to Fees
Z _I p	Country	Zip		Cour	ntry		8. This corporation has liability for i			199.032,
24	25	29	4	30				Yes 🗹 No		
mar.	9. Name and Address of Curre	ent Registered	Agent		81	Name	10. Name and Address of New Re	platered Agen	t .	
PAI	RKER, ROBERT E JR L GOUTHWIND COURT #105	1110- 11	A Aria ON	1	01	14anne				
NORTH PALM BEACH FL 33408					82	Street Add	ress (P.O. Box Number is Not Acceptab	le)		
110	MITTINEN DENOTITE 00400			ł	83					
					04	04.		7	7	
					84	City		FL 85	Zip (Code
SIGNATURE	Signature, typed or preted name of registered a	gent and tity or plic	abin (NC				coration submits this statement for the p tion's board of directors. I hereby accep red when reinstating)	4/8/97 DATE		
12.	OFFICERS A	ND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFIC			
TITLE	DADVED DADEDT E ID		☐ DELETE	1.1 सा				20	hange	Addition
NAME	PARKER, ROBERT E JR 326 SOUTH WIND COURT #	405		1.2 NA			IRKEL, ROBERT E TR			
STREET ADDRESS	NORTH PALM BEACH FL 33						ATLANTIC RD			
CHY-ST-Z# THE	NOMITTALM BEACTITE GO	100	DELETE	1.4 CIT 2.1 Y/T		T- ZIP	rth parm back FL 3840		hange	☐ Additio
NAME			FT DEFEIT	2.1 M		1		·	nanye	Addition
STREET ADDRESS						ADDRESS	• 2	1.70		
C(1Y-\$1-2)F				2. 4 CI						
Talle			DELETE	3.1 TiT					hange	Addition
NAME				3.2 NA	ME					
STREET ADDRESS				3.3 ST	REET	ADDRESS				
CITY-ST-ZIF			· · · · · · · · · · · · · · · · · · ·	3.4. CI	TY - S	ST-ZIP				
HILE			☐ DELETE	4.1 TiT		1			hange	Addition
NAME				4. 2 N						
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP TITLE			DELETE	4.4 CIT 5.1 TIT		I - ZIP		110	hange	Addition
NAME			M DEFEIR	5.1 IN 5.2 NA				LJ (म्याप्रै ह	
STREET ADORESS						ADDRESS		•		
COY-S1-ZIF	•			5.4 CIT		1				
TITLE			☐ DELETE	6.1 T(T		. 1"			hange	Additio
NAME	İ			6.2 NA					•	
STREET ADDRESS						ADDRESS				
CITY - \$1 - ZIP				6.4 CIT						
	by certify that the information suppli	ed with this filin	o does not dus				d in Section 119 07/3Vi) Florida Statute	I further certi	fu 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 to take 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 on an attachgost with an address.

SIGNATURE: