Feb 22, 1999 8:00 am

Secretary of State

02-22-1999 90129 025 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000005788

1. Corporation Name

PARKER TRADING, INCORPORATED									
Principal Place	e of Business	Mailing Address			-  .		JAR BORR OBUR		
2655 NORTH OCEAN DRIVE SUITE 401 2655 NORTH OCEAN DRIVE S				101					
SINGER ISLAND FL 33404 SINGER ISLAND FL 33404						DO NOT WE		CDACE	
					<u> </u>	DO NOT WR		SPACE	
					3.	01/19/1995			
2 Principal D	lace of Business	2a. Mailing Address			4	FEI Number		App	lied For
21	acc of Busiliess	<u>├</u> ;	26			65-0553865			Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			<u> </u>			\$8.75 A	dditional
22		27			5.	Certificate of Status Desired		Fee Red	uired
City & State	e	City.& State			- 6.	Election Campaign Financing	т.	** \$5.00 h	,
23		28				Trust Fund Contribution		Added to	Fees
Zíp	Country	Zip	Cou	ntry	8.	This corporation owes the cur	rent year In		
24	25	29	30			Personal Property Tax.	D1-4		√No
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
PARKER, ROBERT E JR									
148 ATLANTIC RD				82 Street Addr	ress (F	P.O. Box Number is Not Accept	able)		
NORTH PALM BEACH FL 33408									
NORTH FALM BLACTIFE 30400				83					
				84 City		· · · · · · · · · · · · · · · · · · ·	FL	85 Zip C	ode
	to the provisions of Sections 607.05	500 4 607 4508 Florido Plota	les the s	nova parrad corn	oratio	n cubmite this statement for the	numose of	f changing its r	egistered
office or r	egistered agent or both in the Stat	e of Florida. Such change was a	nuthorized	by the corporation	on's be	oard of directors. I hereby acce	pt the appo	intment as reg	istered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Flo	orida Stati	ites.		•			
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable (NOTE	Registered	Agent signature require	d when a	reinstating)	DATE		ì
12.		AND DIRECTORS	13.	<u></u>		ADDITIONS/CHANGES TO OF	FICERS A	ND DIRECTOR	RS IN 12
TITLE	D	☐ DELETE	1.1 TO	le V				Change	✓Addition
NAME	PARKER, ROBERT E JR		1.2 N	ME LUA	KREI	SCOTT PARKEL			
STREET ADDRESS	148 ATLANTIC RD		1.3 \$1			N. OCEAN DR #401			
CITY-ST-ZIP	NORTH PALM BEACH FL		1.4 CI	ry-st-zip 5)	NGE	e 15L FL 33404			
TITLE		☐ DELETE	2.1 Tf	le l				Change	☐ Addition
NAME			2.2 N	ME					+
STREET ADDRESS			2.3 \$1	REET ADDRESS		•			
CITY-ST-ZIP			2.4 C	TY-\$T-ZIP					
TITLE	_	☐ DELETE	3.1 TI	Œ 📗		A SHARE OF THE STATE OF	- ' <del></del> '	Change	☐ Addition {
NAME			3.2 NA	ME					
STREET ADDRESS			3.3 \$1	REET ADDRESS					
CITY-ST-ZIP				TY-ST-ZIP					
TITLE		☐ DELETE	4.1 TI					☐ Change	☐ Addition
	[		4 2 81	ALFE I					

14. I 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 any ittachnique with an address with all other like empowered.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

☐ DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

ROBERT E PARKER

561 842 0036

☐ Change

Change

Addition

Addition