

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
96 JUL 25 PM 3:47
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P95000033776 (2)**

1. Corporation Name

PARCEL I ISLAND DEVELOPMENT CORP.



Principal Place of Business

Mailing Address

~~330 E. LAMBERT ROAD
 BREA CA 92621~~

~~330 E. LAMBERT ROAD
 BREA CA 92621~~

2. Principal Place of Business

2a. Mailing Address

21 **201 Front Street**

26 **P.O. Box 4727**

Suite, Apt #, etc

Suite, Apt #, etc

22 **Suite 102**

27

City & State

City & State

23 **Key West, FL**

28 **Portsmouth, NH**

24 Zip **33040**

25 Country **USA**

29 Zip **03802**

30 Country **USA**

3. Date Incorporated or Qualified **04/28/1995**

3a. Date of Last Report

4. FEI Number

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION INFORMATION SERVICES INC.
 1201 HAYS STREET
 TALLAHASSEE FL 32301**

81 Name **C T Corporation System**

82 Street Address (P.O. Box Number is Not Acceptable)

83 **1200 South Pine Island Road**

84 City **Plantation, FL** 85 Zip Code **33324**

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 is being made 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 607.0502, Florida Statutes.

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

SIGNATURE

Connie Bryan

7-25-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
 NAME **Walsh, Mark**
 STREET ADDRESS **1100 Linton Boulevard Suite C-9**
 CITY - ST - ZIP **Delray Beach, Florida 33444**

TITLE DELETE
 NAME **Vice President & Treasurer Walsh, Michael**
 STREET ADDRESS **1100 Linton Boulevard, Suite C-9**
 CITY - ST - ZIP **Delray Beach, Florida 33444**

TITLE DELETE
 NAME **Vice President Walsh, William**
 STREET ADDRESS **1100 Linton Boulevard, Suite C-9**
 CITY - ST - ZIP **Delray Beach, Florida 33444**

TITLE DELETE
 NAME **Vice President McMurray, Thomas**
 STREET ADDRESS **1100 Linton Boulevard Suite C-9**
 CITY - ST - ZIP **Delray Beach, Florida 33444**

TITLE DELETE
 NAME **Secretary Critchfield, Richard**
 STREET ADDRESS **1100 Linton Boulevard Suite C-9**
 CITY - ST - ZIP **Delray Beach, Florida 33444**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

11 TITLE Change Addition
 12 NAME
 13 STREET ADDRESS **4000001904774**
 14 CITY - ST - ZIP **-07/25/96--01090--005**
******233.75** Change Addition

21 TITLE
 22 NAME
 23 STREET ADDRESS
 24 CITY - ST - ZIP Change Addition

31 TITLE
 32 NAME
 33 STREET ADDRESS
 34 CITY - ST - ZIP Change Addition

41 TITLE
 42 NAME
 43 STREET ADDRESS
 44 CITY - ST - ZIP Change Addition

51 TITLE
 52 NAME
 53 STREET ADDRESS
 54 CITY - ST - ZIP Change Addition

61 TITLE
 62 NAME
 63 STREET ADDRESS
 64 CITY - ST - ZIP Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Michael Walsh

7/17/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL WALSH VP T

CR2E034 (3/96)