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**May 08 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 # P95000033776 (2)

1. Corporation Name
PARCEL L ISLAND DEVELOPMENT CORP.



Principal Place of Business Mailing Address
201 FRONT STREET SUITE 102 KEY WEST FL 33040 **P.O. BOX 4727 PORTSMOUTH NH 03802-4727**

3. Date Incorporated or Qualified 04/28/1995	3a. Date of Last Report 07/25/1996
4. FEI Number APPLIED FOR 05-0686315	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 245 FRONT ST Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State 23 Key West FL	27 City & State 28
24 Zip 33040	25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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

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

TITLE	P <input type="checkbox"/> DELETE
NAME	WALSH, MARK
STREET ADDRESS	1100 LINTON BLVD., SUITE C-9
CITY-ST-ZIP	DELRAY BEACH FL 33444
TITLE	VT <input type="checkbox"/> DELETE
NAME	WALSH, MICHAEL
STREET ADDRESS	1100 LINTON BLVD., SUITE C-9
CITY-ST-ZIP	DELRAY BEACH FL 33444
TITLE	V <input type="checkbox"/> DELETE
NAME	WALSH, WILLIAM
STREET ADDRESS	1100 LINTON BLVD., SUITE C-9
CITY-ST-ZIP	DELRAY BEACH FL 33444
TITLE	V <input type="checkbox"/> DELETE
NAME	MCMURRAIN, THOMAS
STREET ADDRESS	1100 LINTON BLVD., SUITE C-9
CITY-ST-ZIP	DELRAY BEACH FL 33444
TITLE	S <input type="checkbox"/> DELETE
NAME	CRITCHFIELD, RICHARD
STREET ADDRESS	1100 LINTON BLVD., SUITE C-9
CITY-ST-ZIP	DELRAY BEACH FL 33444
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	ONE CATE ST, STE 3
3.4 CITY-ST-ZIP	PORTSMOUTH, NH 03801
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, unchanged, or on an attachment with an address.

SIGNATURE: Michael Walsh Michael Walsh 4/15/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)