

**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

DOCUMENT # P95000033849 (7)

1. Corporation Name

PARCEL K ISLAND DEVELOPMENT CORP.

Principal Place of Business

Mailing Address

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

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BREA CA 92621~~

**FILED
96 JUL 25 AM 7:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



2. Principal Place of Business

2a. Mailing Address

21 **201 Front Street**

26 **P.O. Box 4727**

22 **Suite 102**

27 Suite Apt #, etc

23 **Key West, Florida**

28 **Portsmouth NH**

24 **33040** 25 **USA**

29 **03802** 30 **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)

1200 South Pine Island Road

84 City **Plantation**

85 Zip Code **FL 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 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.

SIGNATURE *Connie Bryan*

**CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY**

7-25-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exempt on 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, authorized to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 or changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Walsh
MICHAEL WALSH VOT

7/17/96

CR2E034 (3/96)