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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000033849 (7)

## FILED May 01 1998 8:00am Secretary of State

PARCEL K ISLAND DEVELOPMENT CORP.						
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Principal Place	e of Business	Mailing Address				****** (4)   41   41   41   41   41   41   41
245 FRONT ST P.O. BOX 4727						
KEY WEST FL 33040 PORTSMOUTH NH 03802					DO NOT WRITE IN	I THIS SPACE
08					3. Date Incorporated or Qualified	11110 011102
					04/28/1995	
2. Principal P	lace of Business	2s. Mailing Address	10-1-0	<del>- ,</del>	4. FEI Number	Applied For
26 1000 Mark			ret:	st	65-0686312	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional
27 SIGO						Fee Required
City & State	<del>0</del>	City & State J	Ith N	JH	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be
Zio	Country	28 TOTSIVIOL	Country	<u> </u>	8. This corporation owes or has paid	
24	25	29 03801 30	1 '		Personal Property Tax due June 3	
-	9. Name and Address of Curren				10. Name and Address of New Regi	
CI	CORPORATION SYSTEM		81 N	lame		
1200 <b>SOUTH PINE ISLAND ROAD</b>				82 Street Address (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33324						,
			83			
			84 (	City		85 Zip Code
						FL   S   Z   D   OCC
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 of provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of the purpose of changing its 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						
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		AIOTE D	noistead Asont F	onet ne ree de	od when reinslating)	DATE
12.	Signature, typed or printed name of registered age:  OF FICERS AND		13.	griatore require	ADDITIONS/CHANGES TO OFFICE	
TITLE	P	☐ DELETE	1.1 TITLE	T		☐ Change ☐ Addition
NAME			1.2 NAME			[]
STREET ADDRESS	1100 LINTON BLVD., SUITE C	;- <del>9</del>	1.3 STREET ADD	DRESS		ļi
CITY-ST-ZIP	DELRAY BEACH FL 33444		1.4 CITY - ST - ZI	IP.		
TITLE	VI	☐ DELETE	2.1 TITLE			Change Addition
NAME	•		2.2 NAME			1
STREET ADDRESS	1100 LINTON BLVD., SUITE C	;-9	2.3 STREET ADD	DRESS		
CITY-ST-ZIP			2. 4 CITY - ST - Z	—— <del>-</del>		Change Addition
TITLE	SAFAT ALL LANGE LANGE		3.1 TITLE		dek William	A Charge El Addition
NAME OTRET 4000700	4 0477 07		3.2 NAME 3.3 STREET ADI	201.00 V.	ulsh, William 100 Market St, Bldg I	
STREET ADDRESS	BODTOMOLITU MU		3.4. CITY-ST-2		brtsmouth NH 03801	
CITY-ST-ZIP TITLE	V	☐ DELETE	4.1 TITLE	<u></u>	CHISHEOTH 1011 CSG-1	☐ Change ☐ Addition
NAME	MCMURRAIN, THOMAS	_	4. 2 NAME			·
STREET ADORESS	1100 LINTON BLVD., SUITE C	<b>&gt;9</b>	4.3 STREET ADI	DRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33444		4.4 CHTY-ST-Z	IP		
TITLE	8	☐ DELETE	5.1 TITLE			Change Addition
NAME '	CRITCHFIELD, RICHARD		5.2 NAME			
STREET ADDRESS	1100 LINTON BLVD., SUITE C	; <del>-</del> 9	5.3 STREET ADI	DRESS		j
CITY-ST-ZIP	DELRAY BEACH FL 33444		5.4 CITY-ST-Z	IP .		Dharas Dadass
TITLE		☐ DELETE	6.1 TITLE	1		☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADI			
CITY-ST-ZIP			6.4 CITY-ST-Z		Castles 440 07(2)(i) Elerida Statutos 15	

4. 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 an attachment with an address.

2/12/00