FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P95000034154 (1)

1. Corporation Name

PAR FIVE CORPORATION

Principal Place of Business	Mailing Address
390 N ORANGE AVE SUITE 1300 ORLANDO FL 32801	390 N ORANGE AVE SUITE 1300 ORLANDO FL 32801

2. Principal Place of Business
21 369 N. NEW YORK AVE
22 Suite, Apt. #, etc. P.O. BOX 1690
23 City & State WINTER PARK, FLORIDA
24 Zip 32790-1690 25 Country

2a. Mailing Address
26 369 N. NEW YORK AVE
27 Suite, Apt. #, etc. P.O. BOX 1690
28 City & State WINTER PARK, FLORIDA
29 Zip 32790-1690 30 Country

3. Date Incorporated or Qualified: 05/02/1995
3a. Date of Last Report

4. FEI Number: 59-3319152 — 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

BUILDER, J L JR
390 N ORANGE AVE
SUITE 1300
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name: BUILDER, J L JR.
82 Street Address (P.O. Box Number is Not Acceptable): 369 N. NEW YORK AVE (SAME AGENT NEW ADDRESS)
83 ED.
84 City: WINTER PARK FL 85 Zip Code: 32790

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 ______________________ DATE ________

12. OFFICERS AND DIRECTORS

	Officer 1	Officer 2	Officer 3	Officer 4	Officer 5	Officer 6
TITLE	D	D				
NAME	TROCCOLI, DANIEL J	TROCCOLI, ANNE L				
STREET ADDRESS	2525 TIMBERWYCK	2525 TIMBERWYCK				
CITY-ST-ZIP	TROY MI 48098	TROY MI 48098				
	☐ DELETE	☐ DELETE	☐ DELETE	☐ DELETE	☐ DELETE	☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

	☐ Change ☐ Addition
1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

200.00

CR2E034 (12/95)

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)(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.

SIGNATURE: Daniel J. Troccoli DANIEL J. TROCCOLI 4/24/96 (813)237-4189
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #