FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P95000062750 (1)

DOCUMENT #

1. Corporation Name PAR ONE PROPERTIES, INC.

PAN U	NE PROPENTIES, INC.				
Principal Place o	of Business	Mailing Address) (Dill bil his 16 (b) other parts of the	Affilia finita sittir (antii Siiii Saii saa
499 Sheridan St. Suite 302 Dania Fl. 33004		499 Sheridan St. S Dania Fl. 33004	UITE 302		
				3. Date Incorporated or Qualified 3a. 08/14/1995	Date of Last Report
2. Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
1		26		65-0601879	Not Applicable
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23		28	Country	This corporation has liability for intang	
Zip ·	Country	Zip	Country 30	Florida Statutes Yes	
24	9. Name and Address of Curr	29 29 Agent	1301	10. Name and Address of New Regist	ered Agent
	g. Name and Address of Curr	ent registored regent	81 Name		
MEND ICODY I				ress (P.O. Box Number is Not Acceptable)	
KEMP, JERRY L 499 SHERIDAN ST, SUITE 302			82 Street Addi	ress (F.O. Box Humber is Not Pecceptable)	
	FL 33004		83		
DANIA	FL 33004		44 6		85 Zip Code
			84 City	ration submits this statement for the purpose	FL
CICNIATURE	n, and accept the obligations of, Se Signature, typed or printed name of registered as		OTE: Registered Agent signature require	ad wher renstating) ADDITIONS/CHANGES TO OFFICER:	DATE S AND DIRECTORS IN 12
TITLE	PSTD	DELETE	1. 1 TITLE		Change Addition
NAME	KEMP, JERRY L		1.2 NAME		
STREET ADDRESS	499 SHERIDAN ST, SUITE 302		1.3 STREET ADDRESS		
CITY - ST - ZIP	DANIA FL 33004		1.4 CITY - ST - ZIP		
TITLE		DELETE	2 1 TITLE		☐ Change ☐ Addition
NAME			2 2 NAME		
STREET AUDRESS			2 3 STREET ADDRESS		
CHTY-ST-ZIP			2 4 CITY - ST - ZIP		Change Addition
TITLE		☐ DELETE	3 1 TITLE		
NAME .			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CHTY-ST-ZIP		☐ DELETE	3 4 CITY-\$1-2IP 4. 1 TITLE		Change Addition
TOTLE			4.2 NAME		
NAME			4.2 NAME 4.3 STREET ADDRESS		
STREET ADDRESS			4.4 CiTY-ST-ZIP		
CITY - ST - ZIP		DELETE	5 1 TITLE		Change Addition
TITLE			5.2 NAME		
NAME CTOCKT ADDDCCC			5.3 STREET ADDRESS		
STREET ADDRESS			5 4 CITY - ST - ZIP		
CITY-S1-ZIP TITLE		☐ DELETE	6 1 TITLE		Change Addition
NAME.			. 62 NAME		

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME

STREET ADDRESS

SIGNING OFFICER OR DIRECTORY L. KEMP 24-Apre96

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. If 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 cath; that I am an officer or discording 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, changed, or on an attachment with an address.