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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000062767 1. Corporation Name

PAR CONSULTANTS INC.

Principal Plac	e of Business	Mailing Address						W(119 (14)) W()
2228 SAND WEDGE COURT 2228 SAND WEDGE COURT									
SPRING HILL FL 34606		SPRING HILL FL 34606							
US		US				DO NOT WE		SPACE	
					08/11/199	rated or Qualifed)5			
	Place of Business	2a. Mailing Address			4. FEI Number			- 1.7	Applied For
21		26			54-17719	<u>41 </u>			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of	Status Desired		*	Additional
22		27	_		. 0. 00.4.00.0 01			Fee f	Required
City & Stat	le	City & State			6. Election Can	npaign Financing	' _		🕽 Мау Ве
23		28			Trust Fund (Contribution		Adde	to Fees
Zip	Country	Zip	Countr	У	_	tion owes the cu	rrent year In		a.ul
24 25 29 30)		Personal Pro	`		☐ Yes	[25] No	
Name and Address of Current Registered Agent				41.4	10. Name and	ddress of New	Registered	Agent	
BUS.	S, RAYMOND C	• •	8	1 Name					
	S SAND WEDGE COURT		82	2 Street Ad	Idress (P.O. Box Num	ber is Not Accep	table)		
	ING HILL FL 34606			<u> </u>	प्रदेशकार्थक के 100 किया है के कि के कि कि			r pragge	
) SFN	ING FILE PL 34000		83	3		网络拉斯		清洁隐幽	
			84	4 City	* , * ,	<u> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1</u>		85 Zir	o Code
			"	City			FŁ	_ 65 24	Code
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	f Florida. Such change was auth-	orized by	y the corpora	propration submits this ation's board of directo	statement for the rs. I hereby acce	e purpose of ept the appo	changing i	ts registered registered
agent.la	m familiar with, and accept the obligati	ons of, Section 607.0505, Florida	a Statute	S.					
SIGNATURE	Clareture band or gripted name of registered agent	and title if applicable (MOTE) Re-	ointered Acc	ont elegative conv	uland whom releasesting)		DATE		<u> </u>
	Signature, typed or printed name of registered agent			ent signature requ	uired when reinstating)		DATE FEICERS AN	ID DIRECT	ORS IN 12
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/C	HANGES TO O			
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14. 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FICER OR DIRECTOR

FILED

Feb 11, 1999 8:00am

Secretary of State

02-11-1999 90049 004 ***150.00

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