

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

FILED

Apr 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000065272 (3)**

1. Corporation Name

MICHAEL PARKMAN ENTERPRISES, INC.

Principal Place of Business

**14504 ANCHORET RD.
TAMPA FL 33624
US**

Mailing Address

**3606 CARROLLWOOD PLACE
CIRCLE #104
TAMPA FL 33624-3065
US**



2. Principal Place of Business	2a. Mailing Address
21 540 Maitland Ave.	26 540 Maitland Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Ste. 101 B	27 Ste. 101 B
City & State	City & State
23 Maitland, FL	28 Maitland FL
Zip	Zip
24 32751	29 32751
Country	Country
25	30

3. Date Incorporated or Qualified 06/22/1995	3a. Date of Last Report 04/29/1996
4. FEI Number 59-3334643	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**PARKMAN, MICHAEL D
3606 CARROLLWOOD PLACE
CIRCLE #104
TAMPA FL 33624**

10. Name and Address of New Registered Agent

81 Name Parkman, Michael D.
82 Street Address (P.O. Box Number is Not Acceptable) 3034 Eastland Blvd.
83 #D-102
84 City Clearwater
FL 85 Zip Code 33624

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

Signature, type, or printed name of registered agent and title, if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE P	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MICHAEL PARKMAN	1.2 NAME
STREET ADDRESS CIRCLE #104	1.3 STREET ADDRESS 3034 Eastland Blvd. #D-102
CITY-ST-ZIP TAMPA FL	1.4 CITY-ST-ZIP Clearwater, FL 33624
TITLE <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2.2 NAME
STREET ADDRESS	2.3 STREET ADDRESS
CITY-ST-ZIP	2.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3.2 NAME
STREET ADDRESS	3.3 STREET ADDRESS
CITY-ST-ZIP	3.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4.2 NAME
STREET ADDRESS	4.3 STREET ADDRESS
CITY-ST-ZIP	4.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5.2 NAME
STREET ADDRESS	5.3 STREET ADDRESS
CITY-ST-ZIP	5.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6.2 NAME
STREET ADDRESS	6.3 STREET ADDRESS
CITY-ST-ZIP	6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

MICHAEL PARKMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/97
Date

407-740-6657
Daytime Phone #

CR2E034 (9/96)