

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

FILED

Feb 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000078994 (7)

1. Corporation Name
PARKER REORDER CORPORATION

Principal Place of Business
**550 BILTMORE WAY
CORAL GABLES FL 33134**

Mailing Address
**550 BILTMORE WAY
CORAL GABLES FL 33134-5730**



2. Principal Place of Business
21 **550 BILTMORE WAY**

Suite, Apt. #, etc.
22 **SUITE 1270**

City & State
23 **CORAL GABLES, FL**

Zip
24 **33134**

2a. Mailing Address
26 **550 BILTMORE WAY**

Suite, Apt. #, etc.
27 **SUITE 1270**

City & State
28 **CORAL GABLES FL**

Zip
29 **33134**

3. Date Incorporated or Qualified
10/13/1995

3a. Date of Last Report
04/01/1996

4. FEI Number
65-0824718

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

**PARKER, PHILIP
550 BILTMORE WAY PTHS 2
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name **Philip Parker**
82 Street Address (P.O. Box Number is Not Acceptable)
550 Biltmore Way
83 **SUITE 1270**
84 City **CORAL GABLES** FL 85 Zip Code **33134**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PARKER, PHILIP P	
STREET ADDRESS	550 BILTMORE WAY	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	PARKER, MITCHELL G	
STREET ADDRESS	550 BILTMORE WAY	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PARKER, DOUGLAS A	
STREET ADDRESS	550 BILTMORE WAY	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PARKER, BRADLEY E	
STREET ADDRESS	550 BILTMORE WAY	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PARKER, GREGG M	
STREET ADDRESS	550 BILTMORE WAY	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PARKER, LEONARD F	
STREET ADDRESS	550 BILTMORE WAY	
CITY-ST-ZIP	CORAL GABLES FL 33134	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: Mitchell G Parker 2/4/97 305 774 4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)