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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Apr 18 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9600004190 (0)

PARKER-LAKESIDE, INC.

Principal Place of Business Mailing Address								- 4 EURINDUR IND IDNIN DINI DUNI DUNI DUNI DUNI DUNI			
6296 CORPORATE CT. SUITE A101 FT. MYERS FL 33919		\$U	6296 CORPORATE CT. SUITE A101 FT. MYERS FL 33919-3535								
								3. Date Incorporated or Qualified 01/12/1996	3a. Date	e of Last F	leport
2. Principal P	lace of Business	28	. Mailing Address					4. FEI Number		A	oplied For
21		26	<del></del>					65.0643845			ot Applicable
Suite, Apt.		27	Suite, Apt. #, etc.			···		5. Certificate of Status Desired			Additional equired
City & State	е	ļ,	City & State					6. Election Campaign Financing	<b></b>		May Be
23		28						Trust Fund Contribution		• • •	to Fees
Zip	Country		Zip	$\vdash$	ountry	,		8. This corporation has liability for i	ntangible ta TYes		. 199.032,
24	25 9, Name and Address of Current	29 Reals	tered Agent	30	1			Florida Statutes  10. Name and Address of New Re			
KITC	SNER, STEPHEN L				81	Name					·- <del></del>
	N. FRANKLIN ST.										
	E 2100				82	Street	Addre	ss (P.O. Box Number is Not Acceptab	le)		
	PA FL 33602				83						
	777 2 00002				<b>.</b>						·
					84	City			FI_	<b>85</b> Zip	Code
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State o' m familiar with, and accept the obligati	Florid	da. Such change wa	is authoriz	ed by	the col	d corpo rporatio	ration submits this statement for the p n's board of directors. I hereby accep	urpose of o	hanging i	ts registered registered
SIGNATURE											
	Signature, typed or printed name of registered agent					nt signatu	e required	when reinstating)	DATE		
12.	OFFICERS AND	DIREC		1;			т	ADDITIONS/CHANGES TO OFFIC			
TITLE	DADAED IVOR		☐ DELETE		TILLE				L	Change	Addition
NAME	PARKER, JACK 6296 CORPORATE CT., STE. A10	14			NAME						
STREET ADDRESS	FT. MYERS FL 33919	.,				ADDRESS					
CITY-ST-ZIP TITLE	D		DELETE		CITY - S	a - ZIP	0		- · · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME	TURKEN, WALTER		الماعد الماء		NAME		"			Villinge	, recition
STREET ADDRESS	6296 CORPORATE CT., STE. A1	01				ADDRESS					
CITY-ST-ZIP	FT. MYERS FL 33919	• •	•	- 1	4 CITY-1						
TITLE	D		DELETE		1111.6	J1 211	1			Change	Addition
NAME	GLICK, ADAM				NAME					_ •	_
STREET ADDRESS	6296 CORPORATE CT., STE. A10	01		1		ADDRESS	1				
CITY-ST-ZIP	FT. MYERS FL 33919			3.4	. CITY-	S1 - ZIP					
TITLE			DELETE		TITLE		0			Change	- Addition
NAME				4. 3	NAME		Kon	VIZNER, DAVIO	_ =		_
STREET ADDRESS				4.3	STRFET	ADORESS	101	an Elegiblis DRICK	SUNT	C 650	,
CITY-ST-ZIP				4.4	C(1Y - S	1-7IP	P	MYCIS FLA 339	10B		
TITLE			☐ DELETE	5.1	TITLE		73			Change	Addition
NAME				5.2	NAME		RC	ISMAN, DOHN			. 202
STREET ADDRESS				5.3	STREET	ADDRESS	91	ISMAN, DOHN OO GLADIOWS AND MYONS FLA 739	uv.	-0176	240
CITY-ST-ZIP				5.4	CITY-S	T- 21P	100	MYOS FLA 339	10B		
TITLE			☐ DELETE	6.1	TITLE				l	Change	Addition
NAME	_			6.2	NAM{		1				
STREET ADORESS				6.3	STREET	ADDRESS					
CITY-ST-ZIP					CITY-S		<u> </u>				
14. I do herel Informatio I am an o	by certify that the information supplied in indicated on this annual report of supplied or or director of the corporation or the Block 12 or Block 13 if changed, or or Block 13 if changed, or or Block 13 if changed.	with th optem ie rec	nis tiling does not qu entaktinnual report i eiver or trustee emp	alify for this true and owered to	ie exe d accu o exec	mption grate and cute this	stated i d that n report	n Section 119.07(3)(i), Florida Statute ny signature shall have the same lega as required by Chapter 607, Florida S	s. I further o I effect as i tatutes; and	certify that I made un 3 that my r	the der oath; that name

appears in Block 12 or Block 13 if changed, or on applichment with an address.