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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000030075 (1)

PARZIALE, INC.

Principal Place of Business

Mailing Address

4128 PARK BLVD. PINELLAS PARK FL 34655

Suite, Apt #, etc.

City & State

2. Principal Place of Business

4128 PARK BLVD. PINELLAS PARK FL 33781-3639

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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FILED Apr 25 1997 8:00am Secretary of State



3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

3. Date Incorporated or Qualified

5. Certificate of Status Desired

6. Election Campaign Financing

04/05/1996

4. FEI Numbe

23		[28]				1,	ust fund Contribu	HION		Added t	0 1005
Z(p	Country	Zip	c	ountry		B. Th	nis corporation has				199.032,
24	25 9. Name and Address of Curre	29	30				orida Statutes		Yes 🛚		
	B1	10. Name and Address of New Registered Agent									
CORPORATION SERVICE COMPANY					Name						1
1201 HAYS STREET					Street Addr	rase (P.O	. Box Number is N	Int Accentat	nia)		-,
TALLAHASSEE FL 32301-2525					Sheet Hour	U. IJ acoi	. DOX NUMBER 18 I	voi nocepiai	Jiej		
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				64	City				FL	85 Zip (Code
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											s 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 Typest or printed name of tegistored as	root and title if annicable	(NOTE: Regist	ered Ane	n) signature require	red when rei	nstation)		DATE		
12.		ND DIRECTORS	I 1				DITIONS/CHANGI	ES TO OFFIC		DIRECTOR	S IN 12
TITLE	DP	DELET		TITLE		-				Change	Addition
NAME	PARZIALE, JOSEPH T		ſ	NAME	[•	-	ĺ
STREET ADDRESS	4128 PARK BLVD.				ADDRESS						ĺ
City-S1-ZiP	PINELLAS PARK FL 34655		•	CITY - ST							
Title	DVST	DELE		TITLE		······································			·	Change	Addition
NAME	PARZIALE, CAROL S			NAME	1				•		
STREET ADDRESS	4128 PARK BLVD.		1		ADDRESS						Ì
CITY-S1-7:F	PINELLAS PARK FL 34655		1		1						
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· · · · · · · · · · · · · · · · · · ·			# "		ADDRESS						
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NAME				2 NAME							
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NAME				NAME	1						
STREET ADDRESS			.)		ADDRESS						
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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.											