

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

FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000065098 (1)**

1. Corporation Name
PAR LEND, INC.

Principal Place of Business
**1732 SOUTHWEST 5TH STREET
FORT LAUDERDALE FL 33312**

Mailing Address
**1732 SOUTHWEST 5TH STREET
FORT LAUDERDALE FL 33312-7510**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/02/1996		3a. Date of Last Report	
21		26		4. FEI Number 65-0706801		Applied For Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	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				10. Name and Address of New Registered Agent			
LENHARD, JOHN S 1732 SOUTHWEST 5TH STREET FORT LAUDERDALE FL 33312				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. 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 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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LENHARD, JOHN S			1.2. NAME			
STREET ADDRESS	1732 SOUTHWEST 5TH STREET			1.3. STREET ADDRESS			
CITY - ST - ZIP	FORT LAUDERDALE FL 33312			1.4. CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PARRILLO, DOUGLAS			2.2. NAME			
STREET ADDRESS	1732 SOUTHWEST 5TH STREET			2.3. STREET ADDRESS			
CITY - ST - ZIP	FORT LAUDERDALE FL 33312			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 or changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-97

Date

Daytime Phone #

CR2E034 (9/96)