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FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90286 015 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000065098

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/02/1996

4. FEI Number

65-0706801

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 3003 TERRA MAR STREET

26 3003 TERRA MAR STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #901

27 #901

City & State

City & State

23 FORT LAUDERDALE, FL

28 FORT LAUDERDALE, FL

Zip

Country

Zip

Country

24 33304-4041

25

USA

29 33304-4041

30

USA

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

LENHARD, JOHN S.

82 Street Address (P.O. Box Number is Not Acceptable)

3003 TERRA MAR STREET

83

#901

84

City

FORT LAUDERDALE

FL

85

Zip Code

33304

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 ☐ DELETE

NAME D
LENHARD, JOHN S
STREET ADDRESS 1732 SOUTHWEST 5TH STREET
CITY-ST-ZIP FORT LAUDERDALE FL 33312

TITLE ☐ DELETE

NAME D
PARRILLO, DOUGLAS
STREET ADDRESS 1732 SOUTHWEST 5TH STREET
CITY-ST-ZIP FORT LAUDERDALE FL 33312

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS 3003 TERRA MAR STREET; #901

1.4 CITY-ST-ZIP FORT LAUDERDALE, FL 33304

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS 3003 TERRA MAR STREET; #901

2.4 CITY-ST-ZIP FORT LAUDERDALE, FL 33304

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. I 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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)