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

PROFIT CORPORATION ANNUAL REPORT

1997

NAME

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 18 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000081538 (6)

PARKER-GRAND VIEW, INC.

Principal Plac	ce of Busines	VILVY, 1140 ,		lailing Address							
SUITE 250 FT. MYERS FL 33908				SUITE 250 FT. MYERS FL 33908-3692							
				,				3. Date Incorporated or Qualified 10/02/1996	3a. Da	ate of Last R	eport
2. Principal Place of Business				2a. Mailing Address				4. FEI Number		Ap	oplied For
21				26				65.0706271			ot Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A	
City & State				City & State				6. Election Campaign Financing		\$5.00	May Be
23				26				Trust Fund Contribution		Added t	
Zip		Country		Zip	Count	ry		8. This corporation has liability for			199.032,
24 25 9. Name and Address of Currer			rent Regis					Florida Statutes Yes DNo 10. Name and Address of New Registered Agent			
KUS	SNER, STE				8	1	Name	, ,			
201 N. FRANKLIN STREET							Street Aridre	Address (P.O. Box Number is Not Acceptable)			
SUITE 2100								Address (1.0. box Number is Not Acceptable)			
TAM	IPA FL 3360)2			8	3					
					8	4	City		FL	85 Zip (Code
11. Pursuant office or r	to the provis registered ag am familiar wi	ions of Sections 607.6 ent, or both, in the St th, and accept the ob	0502 and 6 ate of Flori	607.1508, Florida Statu da. Such change was d. Section 607.0505, Fl	es, the abo authorized orida Statut	by les.	named corpo the corporatio	oration submits this statement for the pon's board of directors. I hereby acce		- 1 1	s registered registered
SIGNATURE	- Control of the cont	· · · · · · · · · · · · · · · · · · ·			, 150, 150, 110 i		l signature required				
12.	Signature, lyped	or printed name of registered OFFICERS			13.	gen	i signature requitor	ADDITIONS/CHANGES TO OFFIC	DATE CERS AND	DIRECTOR	3S IN 12
TITLE	D			DELETE	1.1 1171.1					Change	Addition
NAME	PARKER,				12 NAM	E					
STREET ADDRESS		DIOLUS DR., STE	250		1.3 STRE	ET A	ODRESS				
CITY-ST-ZIP		S FL 33908		District	1.4 C(TY						
TITLE NAME	D Turken,	WAI TER		☐ DELETE	2.1 TiTLE 2.2 NAM		00	•		Change	ET Vaguilou
NAME STREET ADDRESS		DIOLUS DR., STE	250		2.2 NAM 2.3 STRE		ondress				
CITY-ST-ZIP		S FL 33908			2.3 3 Int						
TITLE	D			DELETE	3.1 TITLE					☐ Change	Addition
NAME	GLICK, A				3.2 NAM	:					
STREET ADDRESS		DIOLUS DR., STE	250		3.3 STRE	E1 A	DDRESS				
CITY-ST-ZIP TITLE	FI. MYEH	S FL 33908		DELETE	3.4. CITY		-ZIP			Change	Addition
NAME				☐ DELETTE	4.1 TITLE 4. 2 NAM		Va	HENER, DAVIO		L_J Change	וומוווסטא ניייז
STREET ADDRESS					4. 2 NAN 4.3 STRE		DORESS A	OO GLADIOLUS DIE	SUN	250	
CITY-ST-ZIP					4.4 CITY		-ZIP	MYRAS FLA 339	23	_	
TITLE	<u> </u>			DELETE	5.1 TITLE		7	S		Change	Addition
NAME					5.2 NAM	E	RE	ISMAN, JOHN			
STREET ADDRESS					5.3 STRE	ET A	DORESS 94	ISMAN, JUHN OU GHAIOUS ANIVE MYMS MA 3390	= 50	ノイフを さら	ע
CITY-ST-ZIP				Douete	5.4 CITY	- 51-	- ZIP	MYRNS FLA 3390	<u> </u>	Change	L Addition

6.2 NAME

14. II 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 | further certify that the information indicated on this annual report of 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 adachment with an address.