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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000016634 (2)

## **FILED** May 18 1998 8:00am Secretary of State

PARSE	GATE PROPERTIES, INC.					
Principal Place	e of Business	Mailing Address			II ANDRO DIRIN DINDO ANAN DINI (CO)	
101 INDIGO COVE PLACE 101 INDIGO COVE PLACE MELBOURNE BEACH FL 32951 MELBOURNE BEACH FL 32				DO NOT WRITE IN TH	IIS SPACE	
				3. Date Incorporated or Qualified		
				02/17/1997	•	
2. Principal P	ace of Business	2a. Mailing Address	<u> </u>	4. FEI Number	Applied For	
21 <del>8</del> 802 1	N. US Hwy 1	26 P.O. Box 69		59 <b>-34</b> 28688	Not Applicable	
Suite, Apt		Suite, Apt. #, etc.		5, Certificate of Status Desired	\$8.75 Additional	
22 Suite		27			Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
<del></del>	so, FL	28 Wabasso, FL		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip 22070	Country	8. This corporation owes or has paid the	current year Intangible	
24 32970	25 USA 9. Name and Address of Curre	29 32970	30 USA	Personal Property Tax due June 30.  10. Name and Address of New Register		
PL/			81 Name	18) 140110 bitte Langings At 110 Mily 110 Mily 110		
	ANS, RALPH L					
3355 OCEAN DRIVE			82 Street Ad	82 Street Address (P.O. Box Number is Not Acceptable)		
AE	RO BEACH FL 32963		83			
			84 City		85 Zip Code	
44 Dureuant	to the gravisions of Sections 607.06	02 and 607 1608 Florida Status	les the shove-named or			
office or ri	egi <b>ste</b> red agent, or both, in the Stat	to of Florida. Such change was	authorized by the corpor	orporation submits this statement for the purpositation's board of directors. I hereby accept the	appointment as registered	
agent La	m familiar with, and accept the obli	igations of, Section 607.0505, FI	orida Statutes.			
SIGNATURE	Signature, typed or printed name of registered a	count and talk of south while (AIC)	It. Registered Agent signature rec	cuired when reinstating) DAT		
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D	☐ DELETE		President, CEO	Change Addition	
NAME	PARSONS, JEFF			Parsons, Jeff S.	41	
STREET ADDRESS	101 INDIGO COVE PLACE			101 Indigo Cove Place		
CITY-ST-ZIP	MELBOURNE BEACH FL 32	2951	1.4 CITY - ST - ZIP	Melbourne Beach, FL 3295	<b>i</b> 1	
TITLE		DELETE	2.1 TITLE	Secretary, Treasurer	Change Addition	
NAME				Gates, Kathlyn G.	**	
STREET ADDRESS				1297 SE McFarlane Avenue		
CITY-ST-ZIP				Port St. Lucie, FL 34957	,	
TITLE		DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		DELETE	4 1 THLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 C(1) Y - ST - Z(P			
TITLÉ		DELETE	5.1 T(TL€		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP	<u></u>		5.4 CHTY-ST-ZIP		· <del></del>	
TITLE		DELETE	6.1 TITLE	<del>-</del>	☐ Change ☐ Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY - ST - ZIP			

14. Thereby 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.