SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000067569 (8)

PARKIN MARKIN, INC.

FILED
Sep 30 1998 8:00am
Secretary of State

Principal Place of Business Mailing Address						jili j	
369 WALNUT S		369 WALNUT ST					
DAYTONA BEACH FL 32114		DAYTONA BEACH FL 32114					
					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	1	
	·				07/31/1997		
	Place of Business	2a. Mailing Address			4. FEI Number Applied Fo		
Suite, Apt. #, etc.		Suite Ant # etc					
22 Suite, Apr. W, 816.		Suite, Apt. #, etc.	Suite, Apr. W, etc.		5. Certificate of Status Desired \$8.75 Addition Fee Required	al	
City & State		City & State					
23		28			6. Election Campaign Financing \$5.00 May Be Added to Fees		
Zip Country		Zip Country		try	8. This corporation owes or has paid the current year Intangible		
24	25 29 30		30		Personat Property Tax due June 30. Yes No		
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent		
F00	r, billie		8	Name			
389 WALNUT ST			1	2 Street Add	dress (P.O. Box Number is Not Acceptable)		
DAY	TONA BEACH FL 32114]	
			1	13			
			1	4 City	85 Zip Code		
					FL_I ^o 2# occ		
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 register 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 register							
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 apylicable (NOTE: Registered Agent signature required when reinstating) DATE							
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	d Agent signature re	equired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	12 3	
TITLE	D	DELETE	1.1 TITLI			dition	
NAME	FOOR, BILLIE	[] bereit	1.2 NAM		Change Au	3,000	
STREET ADDRESS	non trial time Aw			ET ADDRESS		1	
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NAME			2.2 NAM	E			
STREET ADDRESS			2.3 \$TREET ADDRESS				
CITY-ST-ZIP	XTY-ST-ZIP		2.4 CITY	ST-ZIP			
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NAME			3.2 NAM	E			
STREET ADDRESS			3.3 STRE	ET ADDRESS			
CITY-ST-ZIP			3.4 CITY	ST-ZIP			
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NAME			4.2 NAM	<u> </u>			
STREET ADDRESS			4.3 STRE	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY				
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NAME			6.2 NAMI				
STREET ADDRESS			1	ETADDRESS			
CITY-ST-ZIP	alif About the Section 12	15. 26	6.4 CITY	ST-ZIP	440 07/0V/S Ft. 44 044 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		

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.

SIGNATURE:

9-25-98 (904)254-8487

CRZE034 (5/98)