PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P97000079589

. Corporation Name

J PARKS INTERIOR FURNISHINGS, INC.

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| Principal Place                                                                                                                                                                                                                                                                      | e of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Ma               | iling Address                 |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |                                                    |                                                               |                  |                                   |            |                        |                              |
| 1010 S. FRANK                                                                                                                                                                                                                                                                        | LIN ST.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 101              | S. FRANKLIN ST.               |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |                                                    |                                                               |                  |                                   |            |                        |                              |
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| <u>.</u>                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  | AMPA FL 33602                 |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |                                                    | DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified |                  |                                   |            |                        |                              |
| US                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | US               |                               |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     | 3.                                                 | . Date Incorporate<br>09/12/1997                              | ed or Qualifed   | j<br>                             |            |                        |                              |
| 2. Principal Pl                                                                                                                                                                                                                                                                      | ace of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2a.              | Mailing Address               |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     | 4                                                  | . FEI Number                                                  |                  |                                   |            | Appl                   | ied For                      |
| 101 S.                                                                                                                                                                                                                                                                               | . Franklin St.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 26               |                               |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |                                                    | 59-3467977                                                    |                  |                                   |            | Not /                  | Applicable                   |
| Suite, Apt.                                                                                                                                                                                                                                                                          | #, etc.<br>#100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 27               | Suite, Apt. #, etc.           |                                                                                                                                                    | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                     | 5.                                                 | Certifcate of Sta                                             | tus Desired      |                                   | • -        | <b>75</b> Ad<br>e Requ | ditional -<br>uired          |
| City & State                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | [27]             | City & State                  |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     | <u> </u>                                           | Election Campai                                               | on Financino     |                                   | \$5        | оо м                   | lay Be                       |
| 23 Tampa                                                                                                                                                                                                                                                                             | FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 28               | J., 2 J.                      |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     | 6                                                  | Trust Fund Cont                                               |                  | Ð                                 |            | ded to                 | . 1                          |
| Zip                                                                                                                                                                                                                                                                                  | Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | [20]             | Zip                           |                                                                                                                                                    | Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                     |                                                    | This corporation                                              |                  | ment year li                      | ntanoible  |                        |                              |
| - 11co                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 20               |                               | 30                                                                                                                                                 | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                     | *                                                  | Personal Proper                                               | •                | ron your n                        | x Yes      | Ε                      | ⊒No │                        |
| 24 33602                                                                                                                                                                                                                                                                             | g Name and Address of Currer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 29               | ered Agent                    | [30]                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |                                                    | Name and Add                                                  |                  | Registered                        |            |                        |                              |
|                                                                                                                                                                                                                                                                                      | g. Name and Address of Curren                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | nt Neglai        | erea Agent                    |                                                                                                                                                    | 81                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Name                                                                                | 10                                                 | , 1021110 4110 1110                                           |                  |                                   | <u> </u>   |                        |                              |
| PARI                                                                                                                                                                                                                                                                                 | KS, JAMES M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                  |                               |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |                                                    |                                                               |                  |                                   |            |                        |                              |
| 101 S, FRANKLIN ST. #100                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |                               |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Street                                                                              | Street Address (P.O. Box Number is Not Acceptable) |                                                               |                  |                                   |            |                        |                              |
| 1                                                                                                                                                                                                                                                                                    | PA FL 33602                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                  |                               |                                                                                                                                                    | 83                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                     |                                                    |                                                               |                  |                                   |            |                        |                              |
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| 44 Pursuant                                                                                                                                                                                                                                                                          | to the provisions of Sections 607.050                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 02 and 60        | 7.1508, Florida Sta           | tutes, th                                                                                                                                          | e above                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | e-named                                                                             | corporatio                                         | on submits this sta                                           | tement for the   | e purpose o                       | of changin | g its re               | gistered                     |
| office or re                                                                                                                                                                                                                                                                         | to the provisions or Sections 607.050<br>egistered agent, or both, in the State<br>m familiar with, and accept the obliga                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | of Florid        | a. Such change was            | s author                                                                                                                                           | ized by                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | the corp                                                                            | oration's b                                        | oard of directors.                                            | I hereby acce    | ept the appo                      | ointment a | is regi:               | stered                       |
| i                                                                                                                                                                                                                                                                                    | I have the state of the state o | //               |                               | _                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |                                                    |                                                               |                  | 1-29                              | 7-79       | 3                      |                              |
| SIGNATURE                                                                                                                                                                                                                                                                            | June 111. 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <i>VP</i> 2      | Pres                          | abis                                                                                                                                               | nt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                     |                                                    |                                                               |                  |                                   |            |                        | !                            |
| /                                                                                                                                                                                                                                                                                    | Slowfuture, typed or printed name of redistered age                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | and title if     | applicable. (NO               | TE: Regist                                                                                                                                         | tered Ager                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | nt signature                                                                        | required when                                      | reinstating)                                                  |                  | DATE                              |            |                        | I                            |
| 12                                                                                                                                                                                                                                                                                   | Signature, typed or printed name of registered age<br>OFFICERS AI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ent and title if |                               |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | nt signature                                                                        |                                                    |                                                               | NGES TO O        | FFICERS A                         | ND DIRE    | CTOR                   | S IN 12                      |
| 12.                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ent and title if |                               |                                                                                                                                                    | tered Ager<br>13.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | nt signature                                                                        |                                                    | reinstating) ADDITIONS/CHA                                    | NGES TO O        | FFICERS A                         | ND DIRE    |                        | S IN 12                      |
| TITLE                                                                                                                                                                                                                                                                                | OFFICERS AND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ent and title if | CTORS                         | 1                                                                                                                                                  | 13.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | nt signature                                                                        |                                                    |                                                               | NGES TO O        | FFICERS A                         |            |                        |                              |
| TITLE<br>NAME                                                                                                                                                                                                                                                                        | OFFICERS AND PARKS, JAMES M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ent and title if | CTORS                         | 1                                                                                                                                                  | 13.<br>1.1 TITLE<br>1.2 NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                     |                                                    |                                                               | NGES TO O        | FFICERS A                         |            |                        |                              |
| TITLE NAME STREET ADDRESS                                                                                                                                                                                                                                                            | OFFICERS AND D PARKS, JAMES M 101 S. FRANKLIN ST. #100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ent and title if | CTORS                         | 1                                                                                                                                                  | 13.<br>1.1 TITLE<br>1.2 NAME<br>1 3 STREE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | TADORESS                                                                            |                                                    |                                                               | NGES TO O        | FFICERS A                         |            |                        |                              |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                | D PARKS, JAMES M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ent and title if | CTORS DELETE                  | 1 1                                                                                                                                                | 13.<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREE<br>1.4 CITY-S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | TADORESS                                                                            |                                                    |                                                               | NGES TO O        | FFICERS A                         |            | nge                    |                              |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE                                                                                                                                                                                                                                          | OFFICERS AND D PARKS, JAMES M 101 S. FRANKLIN ST. #100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ent and title if | CTORS                         | 1 1 1 2                                                                                                                                            | 13.<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREE<br>1.4 CITY-S<br>2.1 TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | TADORESS                                                                            | V                                                  | ADDITIONS/CHA                                                 |                  |                                   | ☐ Cha      | nge                    | ☐ Addition                   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME                                                                                                                                                                                                                                     | OFFICERS AND D PARKS, JAMES M 101 S. FRANKLIN ST. #100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ent and title if | CTORS DELETE                  | 1 1 1 2 2 2 2                                                                                                                                      | 13.<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREE<br>1.4 CITY-S<br>2.1 TITLE<br>2.2 NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | TADORESS<br>T-ZIP                                                                   | V                                                  | ADDITIONS/CHA                                                 |                  |                                   | ☐ Cha      | nge                    | ☐ Addition                   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS                                                                                                                                                                                                                      | OFFICERS AND D PARKS, JAMES M 101 S. FRANKLIN ST. #100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ent and title if | CTORS DELETE                  | 1 1 1 2 2 2 2                                                                                                                                      | 13.<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREE<br>1.4 CITY-S<br>2.1 TITLE<br>2.2 NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | T ADDRESS<br>T-ZIP<br>T ADDRESS                                                     | V<br>Beye                                          | rly P. P<br>S. Frank                                          | arks<br>lin St   | :. #10                            | ☐ Cha      | nge                    | ☐ Addition                   |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                        | OFFICERS AND D PARKS, JAMES M 101 S. FRANKLIN ST. #100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ent and title if | CTORS  DELETE  DELETE         | 1<br>1<br>1<br>1<br>1<br>2<br>2<br>2<br>2<br>2<br>3<br>3<br>3<br>3<br>4<br>4<br>4<br>4<br>4<br>4<br>5<br>5<br>5<br>5<br>7                          | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 3.3 STREE 3.4 CITY-S 3.4 TITLE 4.2 NAME 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 4.4 CITY-S 5.1 TITLE 5.2 NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | T ADDRESS T-ZIP  T ADDRESS T-ZIP  T ADDRESS T-ZIP  T ADDRESS T-ZIP                  | V<br>Beye                                          | rly P. P<br>S. Frank                                          | arks<br>lin St   | :. #10                            | Cha        | nge<br>nge             | Addition  Addition           |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS                                                              | OFFICERS AND D PARKS, JAMES M 101 S. FRANKLIN ST. #100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ent and title if | CTORS  DELETE  DELETE  DELETE | 1 1 1 1 1 1 1 1 2 2 2 2 2 2 2 3 3 3 3 4 4 4 4 4 4 4 4 4                                                                                            | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 4.4 CITY-S 5.1 TITLE 4.4 CITY-S 5.1 TITLE 5.2 NAME 6.3 STREE 6.4 CITY-S 5.1 TITLE 6.5 NAME 6.5 STREE | T ADDRESS T-ZIP  T ADDRESS T-ZIP  T ADDRESS T-ZIP  T ADDRESS T-ZIP  T ADDRESS T-ZIP | V<br>Beye                                          | rly P. P<br>S. Frank                                          | arks<br>lin St   | :. #10                            | Cha        | nge nge                | Addition  Addition  Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS                                               | OFFICERS AND D PARKS, JAMES M 101 S. FRANKLIN ST. #100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ent and title if | CTORS  DELETE  DELETE         | 1 1 1 1 1 1 1 1 2 2 2 2 2 2 2 3 3 3 3 4 4 4 4 4 4 4 4 4                                                                                            | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.2 NAME 2.3 STREE 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 5.3 STREE 5.4 CITY-S 5.5 TITLE 5.5 NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | T ADDRESS T-ZIP  T ADDRESS T-ZIP  T ADDRESS T-ZIP  T ADDRESS T-ZIP  T ADDRESS T-ZIP | V<br>Beye                                          | rly P. P<br>S. Frank                                          | arks<br>lin St   | :. #10                            | Cha        | nge nge                | Addition  Addition           |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | OFFICERS AND D PARKS, JAMES M 101 S. FRANKLIN ST. #100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ent and title if | CTORS  DELETE  DELETE  DELETE | 1 1 1 1 1 1 2 2 2 2 2 2 2 3 3 3 3 3 4 4 4 4 4 4 4 4                                                                                                | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 4.4 CITY-S 5.1 TITLE 4.4 CITY-S 5.1 TITLE 5.2 NAME 6.3 STREE 6.4 CITY-S 5.1 TITLE 6.5 NAME 6.5 STREE | T ADDRESS T-ZIP  T ADDRESS T-ZIP  T ADDRESS T-ZIP  T ADDRESS T-ZIP  T ADDRESS T-ZIP | V<br>Beye                                          | rly P. P<br>S. Frank                                          | arks<br>lin St   | :. #10                            | Cha        | nge nge                | Addition  Addition  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.

6.4 CITY-ST-ZIP

SIGNATURE SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

1-29-95

313-318-001/ Deytime Phone # R2E034 (11/98)

**FILED** 

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90036 012 \*\*\*150.00