

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90133 017 ***150.00

DOCUMENT # P98000016206 1. Corporation Name

PARALLE	EL PROD	oucts of Fl	Lorida, in	C.				<u> </u>				
Principal Place	e of Busines	99		Mailing Address								
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411 NORTH SAM HOUSTON PKWY, E. 411 NORTH SAM HOUSTON P SUITE 400 SUITE 400					HON FANT.	E .						
HOUSTON TX 99274				HOUSTON TX 92274				DO NOT WRITE IN THIS SPACE				
							1		orporated or Qualifer	d		
								02/19/				
2. Principal Pl	lace of Bus	iness	2	2a. Mailing Address				4. FEI Num			<u> </u>	Applied For
21			2€	6		<u> </u>		59	- 350776	<u> 1</u>		Not Applicable
Suite, Apt. #, etc.			27	Suite, Apt. #, etc.				5. Certifcat	e of Status Desired			Additional Required
City & State				City & State				6. Election	Campaign Financing		\$5.0	0 May Be
23			28	3					nd Contribution	' D	Adde	d to Fees
Zip		Country		Zip	Cou	ntry		8. This cor	poration owes the cu	rrent year Int	angible	
24 770	משמ	25	29	77060	30			Persona	Property Tax.		Yes	[]No
		e and Address o	of Current Reg	istered Agent				10. Name a	nd Address of New	Registered	Agent	
NATI	IONS COF	RP REGISTERE	D AGENTS IN	NC.		81 Name			ration Syst			
NATIONS CORP REGISTERED AGENTS INC. 526 EAST PARK AVENUE						82 Street	Addres	s (P.O. Box i 00 Sout	Number is Not Accep h Pine Isla	itable) and Road	7	
		FL 32301				83	12	00 5001	11 1410 1310	and mode		
12 422	3 W W 100EF											
						84 City		_ antatio		FL		p Code 33324
11. Pursuant office or re	to the provi egistered a m familiar v	isions of Sections gent, of both, in t with abovecent t	607.0502 and the State of Flo the obligations	f 607.1508, Florida Sta orida. Such change wa of, Section 607.0505,	stutes, the a s authorized Florida Stat	bove-named I by the corp utes	corpor	ation submits s board of di	this statement for the rectors. I hereby acc	e purpose of ept the appoi	changing ntment as	registered registered
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS