

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

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

05-15-1999 90025 021 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000020280
1. Corporation Name BAROLI - PARKINSON INVESTMENTS, INC.

Principal Place of Business 4222 POLK STREET
HOLLYWOOD, FL
33021-6614
Mailing Address P.O. Box 814293
HOLLYWOOD, FL
33081

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
MARCH 3, 1998

2. Principal Place of Business
21 4222 POLK STREET
Suite, Apt. #, etc.
22
City & State
23 HOLLYWOOD, FL
Zip
24 33021-6614 Country
25 USA
2a. Mailing Address
26 P.O. Box 814293
Suite, Apt. #, etc.
27
City & State
28 HOLLYWOOD, FL
Zip
29 33081 Country
30 USA

4. FEI Number 65-50816128 Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required
6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees
8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CHARLES U. PARKINSON, JR.
4222 POLK STREET
HOLLYWOOD, FLORIDA 33021-6614

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<u>MARY BAROLI - PARKINSON, PRES.</u> <input type="checkbox"/> DELETE
NAME	<u>SECRETARY</u>
STREET ADDRESS	<u>4222 POLK STREET</u>
CITY-ST-ZIP	<u>HOLLYWOOD, FL 33021-6614</u>
TITLE	<u>CHARLES PARKINSON, VICE PRES.</u> <input type="checkbox"/> DELETE
NAME	<u>TREASURER</u>
STREET ADDRESS	<u>4222 POLK STREET</u>
CITY-ST-ZIP	<u>HOLLYWOOD, FL 33021-6614</u>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17 MAY 1999 35-504-1663
Date Daytime Phone #

CR2E034 (11/98)