PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000023799

1. Corporation Name

PARSELL DEVELOPMENT CORP.

Principal Place of Business

Mailing Address

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90182 038 ***150.00



245 S. TAMIAMI TRAIL VENICE FL 34285		245 S. TAMIAMI TRAIL VENICE FL 34285		3. Date Incorpor	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
				03/11/199	8			
2 Principal Pl	ace of Business 46	2a. Mailing Address		4. FEI Number		Aı	optied For	
21 10537				165-08	319683	N	ot Applicable	
Suite, Apt. :		Suite, Apt. #, etc.		5. Certifcate of S		•	Additional equired	
City & State		City & State MIAMI, FI			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
24 33178	-2693 25 USA	Zip Country 29 33178-2693 30 USA		8. This corporation owes the current year Intangible Personal Property Tax.				
	9. Name and Address of Current	Registered Agent			ddress of New Registered	Agent	,	
			81 Name ("ひしょくど"へ	Luples Ra	ker		
	SELEY, W. PAUL		82 Street	Address (P.O. Box Numb	er is Not Acceptable)	· 1		
	VALENCIA RD.		105	Address (P.O. Box Numb	5 TERRAC	<u> ۱۲ - ۱۲ - ۱۲ - ۱۲ - ۱۲ - ۱۲ - ۱۲ - ۱۲ </u>		
VENI	ICE FL 34285		83	·=······	•			
			84 City	<u> </u>		85 <u>Zip</u>	Code	
			' <i> </i>	MIAMI			<u> 5/78</u>	
11. Pursuant t	to the provisions of Sections 607.0502 egistered agent, or both, in the State o	and 607.1508, Florida Statutes	the above-named	corporation submits this a	statement for the purpose or	of changing its pintment as re	s registered egistered	
oπice or re agent. I ar	egistered agent, or both, in the state of manifer with, and accept the obligation	ons of, Section 607.0505/ Plorid	la Statutes.	SIBILION S BOOK OF CHICCO.		(A)	3	
SIGNATURE	Chaples RAKET	بالكيمار الأكاريكال	a Sech		1/25/5	19		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	legistered Agent signature re		DATE			
12.	OFFICERS AND	DIRECTORS	13.		HANGES TO OFFICERS A			
TITLE	VSTD	DELETE	. 1.1 TITLE	D DT9	lac	Change	Addition	
NAME	MOSELEY, W. PAUL		1.2 NAME	BAKER, Ch	ARLES N			
STREET ADDRESS	608 VALENCIA RD.		1.3 STREET ADDRESS		54 TERRACE			
CITY-ST-ZIP	VENICE FL 34285		1.4 CITY-ST-ZIP	MIAMI, FI	33178			
TITLE	PD	☐ DELETE	2.1 TITLE	イング		Change	Addition	
NAME I	BARKER, CHARLES		2.2 NAME	Jean Bake	5 7.		I	
STREET ADDRESS	10537 NW 55TH TERR.		2.3 STREET ADDRESS	10537 NW	55D Terrace			
	MIAMI FL 33178-2693		2. 4 CITY-ST-ZIP	MIAMI, FI	33/78			
CITY-ST-ZIP TITLE	NIDANI TE SOTTO 2000	☐ DELETE	3.1 TITLE	********		☐ Change	Addition	
		<u></u>	3.2 NAME					
NAME								
STREET ADDRESS			3.3 STREET ADDRESS					
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP			Change	Addition	
TITLE		C) DEFELC	4.1 TITLE					
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP		□ nei ete	4.4 CITY-ST-ZIP			Change	Addition	
TITLE		☐ OELETE	5.1 TITLE					
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS		•	. "		
CITY-ST-ZIP			5.4 CiTY-ST-ZiP		· · · · · · · · · · · · · · · · · · ·	Charma	[] Addition	
TITLE		☐ DELETE	6.1 TITLE		•	Change	Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					
CITY-ST-ZIP			6.4 CITY-ST-ZIP					

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

23 99 305-718-8098 Date Daytine Phone # ;R2E034 (11/98)