Applied For

Zip Code

85

Not Applicable \$8.75 Additional

FILED

Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90070 041 ***150.00

DO NOT WRITE IN THIS SPACE

-0855644

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

08/05/1998 4. FEI Number

EIN#

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P98000068431

PARK AND SELL, INC							
Principal Place of Business	Mailing Address						
2171 N.W. 29 STREET OAKLAND PARK FL 33309	2171 N.W. 29 STREET OAKLAND PARK FL 33309						
2. Principal Place of Business	2a: Mailing Address						
21 Suite, Apt. #, etc.	Suite, Apt. #, etc.						

Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 Country Country Zip 8. This corporation owes the current year Intangible Zip Yes □No 30 Personal Property Tax. 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent FUCHS, LAWRENCE M Street Address (P.O. Box Number is Not Acceptable) 590 ROYAL PALM BEACH BLVD. **ROYAL PALM BEACH FL 33411**

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.

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agent. i a	in ramiliar with, and accept the obligations of, occu	011 007 .0000, 1 101101	a Clatatoo.				- {
SIGNATURE	Signature, typed or printed name of registered agent and title if applic	able. (NOTE: Re	egistered Agent signature require	ed when reinstating)	1	DATE	
12.	OFFICERS AND DIRECTOR	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	DPT	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	DINIZ, JULIO		1.2 NAME				
STREET ADDRESS	5421 BAYVIEW DR.		1.3 STREET ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL 33308		1.4 CITY-ST-ZIP				
TITLE	DVS *	☐ DELETE	2.1 TTLE			☐ Change	Addition
NAME	_DINIZ, WENDY _		2.2 NAME .		150	A STATE OF THE STA	
STREET ADDRESS	5421 BAYVIEW DR.		2.3 STREET ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	<u> </u>	2.4 CITY+\$T-ZIP				
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STREET ADDRESS			3.3 STREET ADDRESS				
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TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
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STREET ADDRESS			4.3 STREET ADDRESS				
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NAME	· 自然是我们在		6.2 NAME				
STREET ADDRESS	•		6.3 STREET ADDRESS			•	
CITY-ST-ZIP			6.4 CITY-ST-ZIP		Florida Ctatutas 1 for		

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 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:

954-776-2323