CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

1997 **DIVISION OF CORPORATIONS** 97 SEP 26 PH 3: 00 DOCUMENT # S24090 (0)PARCORP INC. Principal Place of Business Mailing Address 342 ERIE STREET 342 ERIE STREET SUITE 106 SUITE 106 STRATFORD ON NSA 2-4 STRATFORD ON N5A 2-4 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualified 3a. Date of Last Report 01/10/1991 08/05/1996 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 21 26 59-3047168 Not Applicable Sulte, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zφ Country This corporation owes or has paid the current year Intangible Yes 24 25 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 HRAWG CORP. Name 2000 GLADES ROAD, SUITE 400 82 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33431** 83 84 City 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 it applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change TITLE 11 TITLE Addition 800002308**9**68-PARSON, DAVID NAME 1.2 NAME -10/01/97---01080---016 342 ERIE STREET, SUITE 106 1.3 STREET ADDRESS STREET ADDRESS ****550.00 ****550.80 STRATFORD-ONTARIO-CA N5A 2N4 CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition ☐ DELETE Change TITLE 2.1 THLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY ST-ZIP 3.4. CITY - ST - ZIP DELETE Change __ Addition TITLE 4.1 TITLE NAM 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 THLF NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

CITY-ST-ZIP 64 CITY-ST-ZIP 14. I do 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 of the receiver in trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 if changed, or be an attagriment with an address.

SIGNATURE:

HI OUT DAVID

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