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**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # V27664** 

(4)

## **FILED** Mar 04 1998 8:00am Secretary of State

	PARASAIL OF FLORIDA, I	NC. Mailing Address							
·		928 N.E. 24 LANE							
828 N.E. 24 LANE UNIT 4 CAPE CORAL FL 33909		UNIT 4 CAPE CORAL FL 33909							
					DO NOT WRITE IN THIS SPACE				
						3. Date incorporated or Qualifie	id		
						04/06/1992			
	Place of Business	2a. Mailing Address	:			4. FEI Number			Applied For
21	. M	26				65-0319254		<u>l</u>	Not Applicable
22	ot. #, etc.	Suite, Apt. #, etc	3.			5. Certificate of Status Desired			5 Additional Required
City & Si	ate	City & State				6. Election Campaign Financing		\$5.0	00 May Be
23		28	<u> </u>			Trust Fund Contribution			ed to Fees
Zip	Country	Ζφ		ountry		8. This corporation owes or has	paid the cu	rrent year	Intangible
24	[25]	29	30			Personal Property Tax due Ju		Yes	□ No
	9, Name and Address of Curr	ent Registered Agent		B1	Mana	10. Name and Address of New	Registered	Ağent	
	MBBS, GILBERT A.			81	Name				
	28 N.E. 24 LANE			82	Street Addre	ess (P.O. Box Number is Not Accep	table)		
	NIT 4								
C	APE CORAL FL 33909			83					
				84	City			85 2	ip Code
							FL	-	•
11. Pursual office o	nt to the provisions of Sections 607.05 r registered agent, or both, in the Sta	502 and 607,1508, Florida S te of Florida, Such change	Statutes, the was authorize	above-	named corporation	oration submits this statement for the	e purpose o	f changin	g its registered
11. Pursual office of agent.	It to the provisions of Sections 607.05 registered agent, or both, in the Sta am familiar with, and accept the obligations of the section of							f changin pointment	g its registered as registered
	Signature, typed or printed name of registered a			red Agen		od when reinstaling}	DATE		
SIGNATURI	Signature, typed or printed name of registered a	igent and liffe if applicable	INOTE Register	red Agen			DATE		ORS IN 12
SIGNATURI	Signature, typed or printed name of inglistered a OFFICERS A PD QIBBS, GILBERT	agent and title if applicable	(NOTE Register	red Agen		od when reinstaling}	DATE	DIRECT	ORS IN 12
SIGNATURI 12. TITLE	Signatura, typed or printed name of ingistered a OFFICERS A PD GIBBS, GILBERT	agent and title if applicable	NOTE Register   13   1.1   1.2	red Agen	it signatura require	od when reinstaling}	DATE	DIRECT	ORS IN 12
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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.