

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V40781** (9)

1. Corporation Name
PARLAX TECH, INC.

Principal Place of Business

**8507 BOCA RIO DR
BOCA RATON FL 33432
US**

Mailing Address

**8507 BOCA RIO DR
BOCA RATON FL 33432
US**

APPROVED
AND
FILED

50 MAY - 1 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		06/03/1992		05/01/1994	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 City & State		65-0337913		Not Applicable	
24 Zip		29 Country		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required ☐ \$5.00 May Be Added to Fees	
25		30		6. Election Campaign Financing Trust Fund Contribution		☐ \$5.00 May Be Added to Fees ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

**MIERS, JIM
8507 BOCA RIO DR
BOCA RATON FL 33433**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, this 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: *Jim Miers*, *Jim Miers*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	CP	1. TITLE	CP
2. NAME	MIERS, JIM	2. NAME	MIERS, JIM
3. STREET ADDRESS	127 LOCK RD, STE 6	3. STREET ADDRESS	8507 Boca Rio RD
4. CITY & STATE	DEERFIELD BCH FL	4. CITY & STATE	BOCA RATON FL 33433
5. TITLE		5. TITLE	
6. NAME		6. NAME	
7. STREET ADDRESS		7. STREET ADDRESS	
8. CITY & STATE		8. CITY & STATE	
9. TITLE		9. TITLE	
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY & STATE		12. CITY & STATE	
13. TITLE		13. TITLE	
14. NAME		14. NAME	
15. STREET ADDRESS		15. STREET ADDRESS	
16. CITY & STATE		16. CITY & STATE	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.01(2)(a), Florida Statutes. I further certify that the information included in this annual report or supplementary 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 for the year for which this report is reported by Chapter 607, Florida Statutes, and that my name appears in Block 1, of Block 1 of this document or on an attached list with an address.

SIGNATURE:

Jim Miers, *Jim Miers*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/95 (407) 481-0594