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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V45021

(5)

PARASOX CORPORATION

FILED May 09 1997 8:00am Secretary of State

Principal Place	e of Business	Mailing Address	······································		BIBIT DIDIL BIBIT DEDEL BIBIT DIBIT IBBI
P.O. BOX 451078		P.O. BOX 451078			
Sunrise Fl 3:   US	3345	SUNRISE FL 33345-1078 US			
US		00		3. Date Incorporated or Qualified	3a. Date of Last Report
				06/22/1992	04/15/1996
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0342287	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		F. Carlifford at Old a David	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	e of the series	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for i	
24	25		30		Yes No
000	9. Name and Address of Curre	ant Hegistereo Agent	81 Name	10. Name and Address of New Re	Jistered Agent
	CH, SHANNON		I Name	tables Schultz	•
800 S.E. 5 AVE POMPANO BEACH FL 33060					•
PUN	MANO BEACH PL 33000		B3 (	42031 ATU_[120	
			12 Pag	OCA BATON.	33 Y 33
	•		B4 City		85 Zip Code
44 Description	Sallar 27 d	2 1 2 1 2 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2			FL   S   Exp code
office or r	to the provisions of Sections (17.0) egistered agent, or noth in the State	N.oN-Nri¥a ∕Such change was a	uthorized by the corpora	rporation submits this statement for the p ation's board of directors. I hereby accep	urpose of changing its registered by the appointment as registered
agent. I a	m familiar with, and alcourted in	gitional Section 607.0505, Flo	rida Statutes.		412262
SIGNATURE		gent and little if applicatelo (NOTE	Registered Agent signature requ		DATE
12.	Signature, typod or printed Armo of egistered a	ND DIRECTORS (NO)	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	D	DELETE	1.5 TO LE	7,000,000,000,000,000,000	Change Addition
NAME	GARDINER, PETER W	T	1.2 NAME		
STREET ADDRESS	4482 N.W. 92 AVENUE		1.8 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL 33351		14 CITY-ST-ZIP		
TITLE	DP	DELETE	21 TILF		Change Addition
NAME	SOCH, ROBERT T	_	22 NAME		_ •
STREET ADDRESS	800 SE 5 AVE		23 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33060		2 4 CITY-ST-ZIP		
TITLE	DTS	DELETE	31 THILE		Change Addition
NAME	SCHULTZ, STANLEY		3 2 NAME		
STREET ADDRESS	<b>6</b> 511 VIA ROSA		3.3 STREET ADDRESS		
CITY-ST-ZIP	<b>BOCA RATON FL</b>		34. CHY-SI-7IP		•
TITLE		☐ DELETE	41 1/TLF		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4 9 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE	<del></del>	DELETE	51 TITLE		☐ Change ☐ Addition
NAME	,		5 2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-7IP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			62 NAME		
STREET ADDRESS			6.9 STREET ADDRESS		
CITY-ST-ZIP	e e e e e e e e e e e e e e e e e e e		64 CITY-ST-ZIP		
14. I do heret	by certify that the information suppli	od with this filing does not qualify	y for the exemption state	ed in Section 119.07(3)(i), Florida Statutes	s. I further certify that the
intormatio	rt indicated on this annual report or fficer or director of the corporation (	supplemental Annual report is the or the receiver or trustee empowe	ue and accurate and tha area to execute this repo	at my signature shall have the same lega ort as required by Chapter 607, Florida S	lenect as it made under oath; that tatutes; and that my name
appears i	n Block 12 or Block 13 if changed,	or on an allachment with an inid	NY /		,