

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

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE
		Sandra B. Morham Secretary of State
		DIVISION OF CORPORATIONS

DOCUMENT # **V63191** (3)

1. Corporation Name  
**PARKER-NAPLES IV, INC.**



Principal Place of Business <b>6296 CORPORATE CT A101 FT. MYERS FL 33919 US</b>	Mailing Address <b>6296 CORPORATE CT SA101 FT. MYERS FL 33919 US</b>
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3. Date Incorporated or Qualified <b>09/11/1992</b>	3a. Date of Last Report <b>04/27/1995</b>
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2. Principal Place of Business 21 <b>9400 GLADIOLUS DRIVE</b> Suite, Apt. #, etc. 22 <b>SUITE 250</b> City & State 23 <b>FT MYERS, FLA</b> Zip 24 <b>33908</b>	2a. Mailing Address 26 <b>9400 GLADIOLUS DRIVE</b> Suite, Apt. #, etc. 27 <b>SUITE 250</b> City & State 28 <b>FT MYERS, FLA</b> Zip 29 <b>33908</b> Country 30 <b>USA</b>
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4. FEI Number <b>65-0357502</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SZABO, STEPHEN J., III  
201 N FRANKLIN ST  
SUITE 2100  
TAMPA FL 33602**

10. Name and Address of New Registered Agent

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

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PARKER, JACK 2800 S. OCEAN BLVD. BOCA RATON FL</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>100001801091 -04/30/96--01061--010 ***200.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP TURKEN, WALTER D. 6296 CORPORATE CT A101 FT MYERS FL</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>9400 GLADIOLUS DRIVE SUITE 250 FT MYERS, FLA 33908</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GLICK, ADAM % 118 W. 57TH ST. NEW YORK NY</b> <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V KNIZNER, DAVID 6296 CORPORATE CT. STE A101 FT MYERS FL</b> <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>9400 GLADIOLUS DRIVE, SUITE 250 FT MYERS, FLA 33908</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S MITCHELL, STEPHEN J 201 NO FRANKLIN STR TAMPA FL</b> <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AVP STELLING, SARA L 6296 CORPORATE CT A101 FT MYERS FL</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<b>TS JOAN REISMAN 9400 GLADIOLUS DRIVE, SUITE 250 FT MYERS, FLA 33908</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DAVID KNIZNER** 4/24/96 941-481-5040

CR2E034 (12/95)