PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V71542

Principal Plac	PARIVE INDUSTRIAL PAR	RK CORPORATION Mailing Address			
341 SKYWAY DRIVE 341 SKYWAY DRIVE					
EDGEWATER FL EDGEWATER FL 32132				DO NOT WRITE IN THIS SPACE	
j	•	US		3. Date incorporated or Qualifed	 -7
1				10/13/1992	
2 Principal P	Place of Business	2a. Mailing Address		4, FEI Number Applied F	or
	tace of Edoliness	28		59-3149819 Not Appl	
Suite, Apt.	# etc.	Suite, Apt. #, etc.		\$9.75 Additio	
22		27		5. Certificate of Status Desired Fee Regulated	
City & Stat		City & State		6. Election Campaign Financing 55.00 May 8	
23		28 ~	, AD 17 -	Trust Fund Contribution Added to Feet	
Zíp	Country —	Ζίρ	Country	-a. This corporation owes the current year intangible.	/
24	25	29	50	Personal Property Tax.	
,	9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New Registered Agent	
			B1 Name	GAMEZ M. CRILE	
PERI	ry, William L		82 Street	Address (P.O. Boy Number is Not Acceptable)	
341	SKYWAY DRIVE		July Street	8 CUNNINGHAM DRIVE	
EDG	EWATER FL		83		
1				log Little Code	
			84 City	EW SMYRNA BEACH FL BS ZD COde 3216	>
11 Dureusat	to the provisions of Sections 607.0	1502 and 607 1508. Florida Statutes	the above-named	corporation automate this statement for the purpose of changing its regist	red
office or r	registered agent, or both, in the Sta	ile of Florida. Such change was au	horized by the corp	corporation submits this statement for the purpose of changing its regist pration's board of directors. I hereby accept the appointment as registered	d
agent. La	am familiar with, and accept the obli	Igations of, Section 607.0505, Flore	da Statutes.	3/25/99	1
SIGNATURE	Flager ///	There is			
	Characters are an expense of programmed	ment and title of anning bla (MOTE: F	tenferent Anent monthus		- /-
12	Signature; typed of printed name of registered of OFFICERS		legistered Agent signature	equired when reinstating) DATE	- 12 §
12.	OFFICERS	agent and title if applicable. (NOTE: F AND DIRECTORS DELETE	13.	equired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12 Stadition
TITLE	OFFICERS D	AND DIRECTORS	13. 1.1 TILE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN O/P/V/T COULD 0. CRIE	
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CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the same legal effect as if made under cath; 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, 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 cath; 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 altertyment with an address, with all either like empowered.

63 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90123 024 ***150.00