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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 750479

1. Corporation Name

(8)

PARENTCRAFT, INC.

2. Principal Place of Business 2. Mailing Address 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. City & State 2. City & State 2. Country 2. Country 2. Description of Status Desired Status Desired 2. Country 3. Country 4. FEI Number 59-1794390 5. Certificate of Status Desired Status Desired 6. Election Campaign Financing Trust Fund Contribution 7. Trust Fund Contribution 7. Trust Fund Contribution 7. R. This corporation has liability for intangib Florida Statutes 7. Street Address of Name and Address of Name Register 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City	S No Pred Agent No
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City & State Country Zip Country Zip Country 8. This corporation has lability for intangib Florida Statutes [Profice Statutes 9. Name and Address of Current Registered Agent 4JÓNES, BETTY, R.N. 701 W. PLYMOUTH AVENUE DELAND FL 32720 83 Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 617,0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of 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 familiar with, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE Signature, byted or private of regulared agent and life if applicable. TITLE D CITY-SIT-ZIP DELAND FL 12 NAME SARGENT, JUDY 13 STREET ADDRESS CITY-SIT-ZIP DELAND FL LITTLE MAME SHEET ADDRESS 2151 ANCHOR 22 NAME SIREET ADDRESS 2151 ANCHOR	\$5.00 May Be Added to Fees ble tax under s. 199.032, s No sred Agent No
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9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Register 4 JÓNES, BETTY, R.N. 701 W. PLYMOUTH AVENUE DELAND FL 32720 82 Street Address (P.O. Box Number is Not Acceptable) 83 City 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of 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 with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE D SARGENT, JUDY DELETE 1.1 TILLE NAME SARGENT, JUDY 1.2 NAME SARGENT, JUDY 1.3 SIREET ADDRESS CITY-ST-ZIP DELAND FL 1.4 CITY-ST-ZIP TITLE P NAME HICKMAN, YVONNE 2.1 TITLE P NAME STREET ADDRESS 2151 ANCHOR	S No Pred Agent BS Zip Code of changing its registered office nt as registered agent. I am ATE B AND DIRECTORS IN 12
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STREET ADDRESS 231 EAST FERN DRIVE 6.3 STREET ADDRESS	
CITY-ST-ZIP ORANGE CITY FL 6.4 CITY-ST-ZIP	
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) 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 I	

SIGNATURE: JUNIAN HON

MO THE OR PRINTED NAME OF SANING OFFICER OF DIRECTOR

2-29-96 136672 Date SC 2 Daylane Proce 46