

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000092995 (7)**

1. Corporation Name
PARENT OF AMERICA II, INC.



Principal Place of Business: **2600 118TH AVENUE NORTH ST. PETERSBURG FL 33716 US**
Mailing Address: **2600 118TH AVENUE NORTH ST. PETERSBURG FL 33716**

3. Date Incorporated or Qualified: **12/27/1994**
3a. Date of Last Report: **06/29/1995**

2. Principal Place of Business
21 **13535 Feather Sound Drive**
Suite, Apt. #, etc.
22 **Suite 327**
City & State
23 **Clearwater, FL**
Zip
24 **34622** Country
25 **USA**
2a. Mailing Address
26 **SAME as 2**
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: **59-3284604**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**POINTER, ANN E
2600 118TH AVE NORTH
SUITE 800
ST PETERSBURG FL 33716**

10. Name and Address of New Registered Agent
81 Name: **Same**
82 Street Address (P.O. Box Number is Not Acceptable): **13535 Feather Sound Drive**
83 **Suite 327**
84 City: **Clearwater** FL 85 Zip Code: **34622**

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 their applicable title) (DATE: Registered Agent's signature expires after filing) _____ DATE

12. OFFICERS AND DIRECTORS		
TITLE	DCEO	<input type="checkbox"/> DELETE
NAME	GALINSKI, MICHAEL	
STREET ADDRESS	2600 118TH AVENUE NORTH	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE	DCEO	<input checked="" type="checkbox"/> DELETE
NAME	GIAMMARRUS, JOSEPH	
STREET ADDRESS	2600 118TH AVE NORTH	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE	DCFO	<input checked="" type="checkbox"/> DELETE
NAME	ROGERS, ARIS	
STREET ADDRESS	2600 118TH AVE NORTH	
CITY - ST - ZIP	ST PETERSBURG FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	HALL, GREG	
STREET ADDRESS	2600 118TH AVE NORTH	
CITY - ST - ZIP	ST PETERSBURG FL	
TITLE	SGC	<input type="checkbox"/> DELETE
NAME	POINTER, ANN E	
STREET ADDRESS	2600 118TH AVE NORTH	
CITY - ST - ZIP	ST PETERSBURG FL	
TITLE	DCSO	<input checked="" type="checkbox"/> DELETE
NAME	ALLSWORTH, T W	
STREET ADDRESS	2600 118TH AVE NORTH	
CITY - ST - ZIP	ST PETERSBURG FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1. TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	Galinski, Michael B.	
13. STREET ADDRESS	13535 Feather Sound Drive, Suite 327	
14. CITY - ST - ZIP	Clearwater, FL 34622	
2. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		
23. STREET ADDRESS		
24. CITY - ST - ZIP		
3. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		
33. STREET ADDRESS		
34. CITY - ST - ZIP		
4. TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS	13535 Feather Sound Drive, Suite 327	
44. CITY - ST - ZIP	Clearwater, FL 34622	
5. TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS	13535 Feather Sound Drive, Suite 327	
54. CITY - ST - ZIP	Clearwater, FL 34622	
6. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. 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), 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: Ann E. Pointer, Ann E. Pointer 4/23/96 813-573-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Daytime Phone #)

CR2E034 (12/95)