Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90081 036 \*\*\*150.00

- 3 (1864) (1864) (1864) (1864) (1864) (1864) (1864) (1864) (1864) (1864) (1864) (1864) (1864) (1864) (1864)

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # 572761

1. Corporation Name

PARROT INTERNATIONAL, INC.

							. }	/
Principal Place of Business Mailing Address						( in the second	AL E1811 GIGH SIGH S	iffer fifter imme
620 SAN MARCO DR 620 SANMARCO DR								
FT LAUDERDAL			FT LAUDERDALE FL 33301					
US US						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
						06/05/1978	<del></del>	
2. Principal Pl	lace of Business	2a. Mailing	Address			4. FEI Number	Ap	plied For
21		26	26			59-1858583	No	t Applicable
Suite, Apt.	#, etc.	Suite,	Suite, Apt. #, etc.			5. Certifcate of Status Desired   \$8.75 Additional Fee Required		
City & State	e	City &	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added to	o Fees
Zip Country		Zip	Zip Country			8. This corporation owes the current year Intangible		
24	25 29		30			Personal Property Tax.	Yes	□No
9. Name and Address of Current Registered Agent						10. Name and Address of New Register	ad Agent	
	:			81	Name			1
PARROT, PENNY			82 S		Ctro-t Addr	ess (P.O. Box Number is Not Acceptable)		
620 \$	SANMARCO DR				Street Addi	ess (P.O. Box Number is Not Acceptable)		<b>.</b>
FT L	AUDERDALE FL 33301							
						<u></u>		
				84	City	F	85 Zip C	Code
11 Pursuant	to the provisions of Sections 60	7.0502 and 607.1508	. Florida Statutes, the	above	-named corp	oration submits this statement for the purpose	of changing its	registered
office or re	egistered agent, or both, in the	State of Florida, Such	change was authorize	ed by	the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the ap-	pointment as req	gistered
agent. I ai	m familiar with, and accept the	obligations of, Section	1 607.0505, Flonda Sta	atutes.	•			}
SIGNATURE	Signature, typed or printed name of registe	and annual title if annual cable	AIOTE: Pagistor	od Agen	t rigorium require	d when reinstating) DATE		<u> </u>
12.		RS AND DIRECTORS			t Signature require	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	P 0111021	O AND BIREOTORO		TITLE		ADDITIONO/OFFICE TO GET TOERG	Change	Addition
	PARROT, DAVID			NAME			_ ,	- l
NAME	620 SANMARCO DR							
STREET ADDRESS			1		ADDRESS			1
CITY-ST-ZIP	FT LAUDERDALE FL			CITY-SI	r-ZIP	<u> </u>	Change	Addition
TITLE	VST		1	TITLE	Ì		Citaliae	
NAME	PARROT, PENNY		2.2	NAME				1
STREET ADDRESS	620 SANMARCO DR		2.3	STREET	ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL			CITY-S	T-ZIP			
TITLE			DELETE 3.1	TITLE			☐ Change	Addition )
NAME			3.2	NAME				
STREET ADDRESS			3.3	STREET	ADDRESS		•	
CITY-ST-ZIP			13.4	CITY-S	T-ZIP===			
TITLE		· · · · · · · · · · · · · · · · · · ·		ŤΠLΕ		,	Change	Addition
NAME			4.2	NAME				
STREET ADDRESS			4.3	STREET	ADDRESS			1
CITY-ST-ZIP				CITY-S				1
TITLE	<del></del>			TITLE			☐ Change	Addition
NAME				NAME		The state of the s	E MALLEY	
1					ADDRESS		121	A 10
STREET ADDRESS				CITY-SI		• •		
CITY-ST-ZIP.	the et inger in the			TILE			☐ Change	☐ Addition
TITLE	P. 1999	£ }		NAME				
NAME		. 13 k			. 40000000			Ĭ
STREET ADDRESS			_ 6.3	SIRLEI	ADDRESS			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 an all attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

REQUIRED IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR