

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J80495

(1)

1. Corporation Name

J.R. PARENT, INC.

Principal Place of Business

% JOHN PARENT
4484 NE 6 TER
FT LAUDERDALE FL 33334

Mailing Address

% JOHN PARENT
4484 NE 6 TER
FT LAUDERDALE FL 33334



3. Date Incorporated or Qualified

06/29/1987

3a. Date of Last Report

04/13/1995

4. FEI Number

65-0003169

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

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL 85. Zip Code

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

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City & State

28

Zip

Country

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9. Name and Address of Current Registered Agent

PARENT, JOHN
4484 NE 6 TER
FT LAUDERDALE FL 33334

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE

Signature must appear back the change form. The back of the change form is attached to this form.

Change Registered Agent or Registered Office

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DP PARENT, JOHN 4484 NE 6 TER FT LAUDERDALE FL

ST MASTROENI, VERONICA 7950 N.W. 8TH COURT MARGATE FL

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE NAME STREET ADDRESS CITY-ST-ZIP

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36. TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

John Parent

John Parent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-96

954-771-3370

CR2E034 (12/95)