## PROFIT CORPORATION FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

FILED
Jan 16 1998 8:00am
Secretary of State

CORPORATION
ANNUAL REPORT
1998

J80495

(1)

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name J.R. PARENT, INC.

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Principal Plac	ce of Business	Mailing Addr	ress				-{ Litaliin sial raffi autil aislu raidi ai	l Bigif Sibil (	ILDIA BLAZI BIB	IL ETBİL (B.D)
% JOHN PAS	RENT	% JOHN PAI					1			
4484 NE 6 TER 4484 NE 6 TER										
FT LAUDERDALE FL 33334 FT LAUDERDALE FL 33334			DO NOT WRITE	IN THIS S	PACE	County de Contra				
1							3. Date Incorporated or Qualified			-
O District	New of Ouriers	2a, Mailing A	alabana	<del></del>		<u> </u>	06/29/1987 4. FEI Number	<u> بعضائ ت ع .</u>		
<del></del>	Place of Business	<u> </u>	daress				65-0003169			pplied For
Suite, Apt	# 010	26 Suite, Apr	t # oto	<del></del>			65-0003 169			ot Applicable Additional
22	. #, DiO,	27	i. #, 6tG.	-			5. Certificate of Status Desired		T	equired
City & Sta	te	City & Sta	ite	<u> </u>		<u> </u>	6. Election Campaign Financing			
23		28					Trust Fund Contribution	n		May Be to Fees
Zip	Country	Zip	<del></del>	Country	<del></del>	· · · · · ·	8. This corporation owes or has pa	id the curr		
24	25	29	3				Personal Property Tax due June			□ No.
	g. Name and Address of Curren			<u> </u>			10. Name and Address of New Re	the state of the s		
PΔ	RENT, JOHN			81	Nam	e	The state of the s		<u> </u>	
	84 NE 6 TER			<u> </u>	\		ALL DESCRIPTION OF THE PROPERTY OF THE PROPERT	<u> 1847</u>	<u></u>	·
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"	LAUDERDALE PL 33334			83			The second secon		Mary or Constitution	
1				1	<u> </u>		and the second section of the second	e is		
				84	City			F	85 Zip	Code
11 Purcuard	to the provisions of Sections 607.0503	2 and 607 1509 E	Inrida Statutos	the show		d como	ration exhalts this statement for the n		changing i	te registered
office or i	registered agent, or both, in the State	of Florida. Such c	nange was aut	horized by	the co	rporatio	ration submits this statement for the p in's board of directors. I hereby accep	t the appo	intment as	registered
agent.la	am familiar with, and accept the obliga	itions of, Section 6	607.0505, Florid	da Statute:	3.					esta a sette
SIGNATURE	Signature, typed or printed name of registered ager	and office Managements	NOTE E	م تا المادة			when reinstaling)	DAYE		
12.	OFFICERS AND		(NOIE. F	13.	rrit signati	na undalina	when reinstating) ADDITIONS/CHANGES TO OFFICE			ai. 報報的・・・・
TITLE	DP GITTEL STATE		DELETE	1.1 TITLE		<del></del>	. Aggregation of our first		Change	Addition
NAME	PARENT, JOHN	<del></del>		1,2 NAME		}		•		
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}	FT LAUDERDALE FL			1.4 C/TY-S		` ]				,
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NAME	MASTROENI, VERONICA		, D.C. 1.	2.2 NAME		1			0.00.00	
	7950 N.W. 8TH COURT			2.3 STREET		. {				!
STREET ADDRESS	MARGATE FL					' [				
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1			ļ		40000C					ļ
STREET ADDRESS				3.3 STREET		1				
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14. I hereby certify that the information supplied with this filling 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 on an affactment with an address.

SIGNATURE:

THE DIE TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-98

954-771-3370

Dayrime Phone # 030