


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N04027 (1) 1. Corporation Name H.A.R.C. INDUSTRIES PARENTS' GROUP, INC.					
Principal Place of Business 10802 HACKNEY DR RIVERVIEW FL 33569 US			Mailing Address 10802 HACKNEY DR RIVERVIEW FL 33569-4414 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 07/03/1984	
				3a. Date of Last Report 02/07/1996	
		4. FEI Number NOT APPLICABLE		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent MCPIKE, JOANNE M 3903 DELEON STR TAMPA FL 33609			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		
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 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 617.0503, Florida Statutes.					
SIGNATURE: <i>Joanne M. McPike</i> 1-18-97 <small>Signature typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	CHAMBLISS, LORRAINE				
STREET ADDRESS	7335 POTTS RD				
CITY-ST-ZIP	RIVERVIEW FL				
TITLE	SD	<input checked="" type="checkbox"/> DELETE			
NAME	BULLOCK, JOANNE				
STREET ADDRESS	1510 BATES ST				
CITY-ST-ZIP	BRANDON FL				
TITLE	VT	<input type="checkbox"/> DELETE			
NAME	MCPIKE, JOANNE				
STREET ADDRESS	3903 DELEON STR				
CITY-ST-ZIP	TAMPA FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	CHAMBLISS, K WAYNE				
STREET ADDRESS	7335 POTTS RD				
CITY-ST-ZIP	RIVERVIEW FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	BRANNOCK, STEVEN				
STREET ADDRESS	8113 REVELS RD				
CITY-ST-ZIP	RIVERVIEW FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME	NOVAK, BEVERLY				
2.3 STREET ADDRESS	2822 FAIRWAY VIEW DR.				
2.4 CITY-ST-ZIP	BRANDON, FL 33511				
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE: <i>Joanne M. McPike</i> 1-18-97 813-875-9494 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

CR2E037 (9/96)