

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90089 037 \*\*\*\*61.25

**DOCUMENT # N43714**

1. Corporation Name

**PANDA'S PARENTS, INC.**

Principal Place of Business

**1400 NE 6 ST  
POMPAÑO BEACH FL 33060**

Mailing Address

**1400 NE 6 ST  
POMPAÑO BEACH FL 33060**



2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip Country

**24** **25**

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip Country

**29** **30**

3. Date Incorporated or Qualified

**06/05/1991**

4. FEI Number

**65-0272069**

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

9. Name and Address of Current Registered Agent

**RICHARD P. GREENE, P.A.  
2455 E SUNRISE BLVD  
S905  
FT LAUDERDALE FL 33304**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **KALIS, WENDY**  
STREET ADDRESS **1500 S.E. 14TH STREET**  
CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

TITLE **D** ☒ DELETE  
NAME **GOFF, REBECCA**  
STREET ADDRESS **1841 N.E. 53 STREET**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33308**

TITLE **D** ☒ DELETE  
NAME **SHAWRER, ISIS**  
STREET ADDRESS **245 AVALON AVENUE**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33308**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE **D** ☐ Change ☒ Addition  
2.2 NAME **Keller, Susan**  
2.3 STREET ADDRESS **271 Hibiscus Avenue**  
2.4 CITY-ST-ZIP **Lauderdale By The Sea, FL 33308**

3.1 TITLE **Pieretsky, Anne Marie** ☐ Change ☒ Addition  
3.2 NAME  
3.3 STREET ADDRESS **4560 W. Tradewinds Avenue**  
3.4 CITY-ST-ZIP **Lauderdale By The Sea, FL 33308**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SIGNATURE REQUIRED**

**February 16, 1999 (954) 786-7618**

**Susan Keller**

CR2E037 (11/98)