FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 PM 3:19

DOCUMENT # **N50654** **(5)**

1. Corporation Name
KEEPERS OF THE HIVE, INC.

Principal Place of Business	Mailing Address
ATTN : ANTHONY PARENTI 3010 S.W. 35TH AVE. FL 33023 US	ATTN : ANTHONY PARENTI 3010 S.W. 35TH AVE. FL 33023 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/31/1992
3a. Date of Last Report: 02/08/1994
4. FEI Number: 65-0276758 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

PARENTI, ANTHONY
3010 SOUTHWEST 35TH AVENUE
HOLLYWOOD FL 33023

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 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☒ Change ☐ Addition
NAME	PARENTI, ANTHONY JR.	1.2 NAME	
STREET ADDRESS	3010 S.W. 35TH AVE.	1.3 STREET ADDRESS	211 S. OCEAN DR. Apt. 305
CITY-ST-ZIP	HOLLYWOOD FL 33023	1.4 CITY-ST-ZIP	Hlwd. FL. 33019
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	PARENTI, ANTHONY III	2.2 NAME	
STREET ADDRESS	30 BRIARWOOD DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH CANTON CT 06059	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☒ Change ☐ Addition
NAME	PARENTI, CHRISTOPHER M	3.2 NAME	
STREET ADDRESS	RT I 202 HARRIS PLANS RD	3.3 STREET ADDRESS	211 S. OCEAN DR. Apt 305
CITY-ST-ZIP	LITCHFIELD CT 06759	3.4 CITY-ST-ZIP	Hlwd. FL 33019
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	RIGHTMYER, RICK	4.2 NAME	
STREET ADDRESS	3010 S.W. 35TH AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33023	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Anthony D Parenti Jr. 3-27-95 923-9800
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0038309