

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 6/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **N50654** (5)

1. Corporation Name

**KEEPERS OF THE HIVE, INC.**

Principal Place of Business

ATTN: ANTHONY PARENTI  
3010 S.W. 35TH AVE. FL 33023  
US

Mailing Address

ATTN: ANTHONY PARENTI  
3010 S.W. 35TH AVE. FL 33023  
US



3. Date Incorporated or Qualified  
**08/31/1992**

3a. Date of Last Report  
**03/31/1995**

2. Principal Place of Business

2a. Mailing Address

21 **Florida Apt 305**  
22 **Hollywood, FL**  
23 **33019**  
24 **Broward**

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PARENTI, ANTHONY  
3010 SOUTHWEST 35TH AVENUE  
HOLLYWOOD FL 33023

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 ☐ DELETE

NAME  
D PARENTI, ANTHONY JR.  
STREET ADDRESS  
211 S. OCEAN DR. APT. 305  
CITY-ST-ZIP  
HOLLYWOOD FL

TITLE ☐ DELETE

NAME  
D PARENTI, ANTHONY III  
STREET ADDRESS  
30 BRIARWOOD DR.  
CITY-ST-ZIP  
NORTH CANTON CT 06059

TITLE ☐ DELETE

NAME  
D PARENTI, CHRISTOPHER M  
STREET ADDRESS  
211 S. OCEAN DR. APT. 305  
CITY-ST-ZIP  
HOLLYWOOD FL

TITLE ☐ DELETE

NAME  
D RIGHTMYER, RICK  
STREET ADDRESS  
3010 S.W. 35TH AVE.  
CITY-ST-ZIP  
HOLLYWOOD FL 33023

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 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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

**600001878956**  
**-06/28/96--01029--035**  
**\*\*\*61.25**

**6-27-96**  
**JK**

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)(a), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**June 8, 1996**  
**305-923-9800**

0005614

CR2E037 (3/96)