

FILE NOW: FILING FEE IS \$61.25

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NONPROFIT CORPORATION
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF REVENUE
Hendra B. ...
Secretary
DIVISION OF CORPORATIONS

FILED

98 MAY 18 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N50654
1. Corporation Name
Keepers of The Hive, Inc.

Principal Place of Business Mailing Address
211 S. Ocean DR
Hollywood, FL. 33019

3. Date Incorporated or Qualified
08-31-1992
4. FEI Number
05-0270758
Applied For
Not Applicable

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

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
Anthony Parenti
211 S. Ocean DR.
Apt 305
Hollywood, FL. 33019

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 617.001 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 date if applicable.

(NOTE: Registered Agent signature not required when installing)

DATE

12. OFFICERS AND DIRECTORS
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Pres.
Parenti, Anthony Apt 305
211 S. Ocean DR.
Hollywood, FL. 33019 US
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Parenti, Anthony II
30 Briarwood DR.
North Canton, Ct. 06059 US
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Parenti, Christopher M.
211 S. Ocean DR. Apt 305
Hollywood, FL. 33019 US
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Rightmyer, Rick E.
211 S. Ocean DR. Apt 605
Hollywood FL. 33019 US
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Parenti, Keith
30 Briarwood DR
North Canton, Ct 06059 US
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
000002528660-0
-05/19/98--01035--016
****122.50 ****122.50
Change Addition
Change Addition
Change Addition
Change Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/13/98 954-9239800
Date Daytime Phone #

CR2E037 (10/97)

②

May 13, 1998

Dear Lestie,

Thank you for waiving the additional fees for reinstating the Corporation. I had received the wrong information on how to correct sending two checks in the same year. Thank you very much for all your help.

Louis Parente