FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



PARENTS AND CARDIAC KIDS SUPPORT GROUP, INC.

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # N94000003276 (2)

FILED May 01 1998 8:00am Secretary of State

Principal Place of Business			Mailing Address				r sharrings and being bright destit destit delit belit being being blitte jingst 1466 8 500 total
\$256 RIDON WAY PALM BEACH GARDENS FL 33418 US			P.O. BOX 540354 LAKE WORTH FL 33454-0354 US				3. Date Incorporated or Qualified 06/30/1994 4. FEI Number Applied For
2. Principal Place of Business 2a. Mailing Address					<u> </u>		65-0500626 Not Applicable
21			26				5. Certificate of Status Desired S8.75 Additional Fee Required
Suite, Apl. #, etc.			Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be
22 City & State			City & State				Trust Fund Contribution Added to Fees
23			28				7. Is this nonprofit corporation a homeowners association?
Zip	Country		Zip	—		у	8. This corporation owes or has paid the current year Intangible
25 25 25 26 26 27 28 28 28 28 28 28 28 28 28 28 28 28 28				29 30			Personal Property Tax due June 30. Yes No
	y, Name	and Address of Current	Hagistered Agei	nı	8	Name	10. Name and Address of New Registered Agent
CARMAI	UA INTE					Name	ile
CARVALHO, IRENE 5256 RIDAN WAY					8:	Street	et Address (P.O. Box Number is Not Acceptable)
PALM BEACH GARDENS FL 33418					83	3	
					84	City	lee 7 7 Oods
						"	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 register 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 register agent. I am lamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes.							
SIGNATURE							
	Signature, typed	or printed name of registered agen		(NOTE		jent signature	ture required when reinstating) DATE
12.	<u> </u>	OFFICERS AND		DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	PD CARVALI	MV IDENE		DELETE	1.1 TITLE 1.2 NAME		Change Addition
STREET ADDRESS						T ADORESS	
CITY-ST-ZIP	2444 254644 4422544 24				1.4 C(TY-		°
TITLE	VD			DELETE	2.1 TITLE	31-211	☐ Change ☐ Addition
NAME	SAITTA.	MARGUERITE			2.2 NAME		
STREET ADDRESS	630 PILC)T RD			2.3 STREE	T ADDRESS	s
CITY-ST-ZWP		BEACH FL			2. 4 CITY-	ST-ZIP	
TITLE	SD.			DELETE	3.1 TITLE		Change Addition
NAME	BERNAT				3.2 NAME		
STREET ADDRESS		LADIATOR CIR. CRES FL				T ADDRESS	S
CITY-ST-ZIP TITLE	TD	UNEO FL		DELETE	3.4. CITY-	ST-ZIP	Change Addition
NAME	DOWNS,	1 FSLIF	J	DILLIL	4.1 HILE		Change Addition
STREET ADDRESS		COVE POINT ST				T ADDRESS	s
CITY-ST-ZIP	TEQUES				4.4 CITY-		
TITLE	M			DELETE	5.1 TITLE		Change Addition
NAME	PRESSLE				5.2 NAME		
STREET ADDRESS		HAMA RD.			5.3 STREE	T ADDRESS	s
CITY-ST-ZIP	PALM BE	ACH GARDENS FL	····		5.4 CITY-	ST-ZIP	
TITLE				DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME					6.2 NAME		
STREET ADDRESS					6.3 STREE	T ADDRESS	s
City-St-79P					64 DITY	CT 710	1

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.

4/20/98 561-439-4583