

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000005835 (3)

1. Corporation Name

PARENTS REALLY INVOLVED IN DEAF EDUCATION, INC.



Principal Place of Business

680 S.W. 75TH TERRACE
PLANTATION FL 33317

Mailing Address

680 S.W. 75TH TERRACE
PLANTATION FL 33317

3. Date Incorporated or Qualified
11/29/1994

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

NOT APPLICABLE

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

**KORN, GARY
BEDZOW KORN & KAN, P.A.
20803 BISCAYNE BLVD., #200
AVENTURA FL 33180**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **VLAZNY, DARLENE**
STREET ADDRESS **680 S.W. 75TH TERR**
CITY-ST-ZIP **PLANTATION FL 33317**

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

TITLE **D** ☐ DELETE
NAME **HARTER, CHERYL**
STREET ADDRESS **204 N.W. 117TH AVE.**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **HURD, CINDY**
STREET ADDRESS **11877 CLASSIC DR.**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **GIOELLO, LINA**
STREET ADDRESS **5010 NW 77 COURT**
CITY-ST-ZIP **POMPANO BEACH FL**

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

TITLE **D** ☐ DELETE
NAME **BIRKETT, KATHY**
STREET ADDRESS **15902 STONE TOWER STREET**
CITY-ST-ZIP **DAVIE FL**

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

TITLE **P** ☒ DELETE
NAME **BIRKETT, BARRY**
STREET ADDRESS **15902 STONE TOWER STREET**
CITY-ST-ZIP **FT LAUDERDALE FL**

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **PRESIDENT**
6.3 STREET ADDRESS **VLAZNY, DAVID**
6.4 CITY-ST-ZIP **680 SW 75th PLANTATION, FL 33317**

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)(k), 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: **K. Birkett**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/95

Date

321-0404

Daytime Phone #

CR2E037 (12/95)