SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

FILED
Sep 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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	Mailing Address
~~680 S.W. 75TH TERRACE~~ ~~PLANTATION FL 33317~~	~~680 S.W. 75TH TERRACE~~ ~~PLANTATION FL 33317~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/29/1994
3a. Date of Last Report: 03/05/1996

2. Principal Place of Business
21: 11877 CLASSIC DRIVE
22: Suite, Apt. #, etc.
23: City & State: CORAL SPRINGS FL
24: Zip: 33071
25: Country: U.S.A

2a. Mailing Address
26: P.O. BOX 7701121
27: Suite, Apt. #, etc.
28: City & State: CORAL SPRINGS FL
29: Zip: 33077-1121
30: Country: BROWARD

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

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 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 _____ 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	☒ DELETE	1.1 TITLE	D.	☐ Change ☒ Addition
NAME	VLAZNY, DARLENE		1.2 NAME	Sorensen, Valarie	
STREET ADDRESS	680 S.W. 75TH TERR		1.3 STREET ADDRESS	5164 Kensington Circle	
CITY-ST-ZIP	PLANTATION FL 33317		1.4 CITY-ST-ZIP	Coral Springs, Fl. 33076	
TITLE	D	☐ DELETE	2.1 TITLE	V IS P.D	☒ Change ☐ Addition
NAME	HARTER, CHERYL		2.2 NAME	HARTER, CHERYL	
STREET ADDRESS	204 N.W. 117TH AVE.		2.3 STREET ADDRESS	204 NW 117 AVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071		2.4 CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	D	☐ DELETE	3.1 TITLE	P. / D.	☒ Change ☐ Addition
NAME	HURD, CINDY		3.2 NAME	HUED, CINDY	
STREET ADDRESS	11877 CLASSIC DR.		3.3 STREET ADDRESS	11877 CLASSIC DR	
CITY-ST-ZIP	CORAL SPRINGS FL 33071		3.4 CITY-ST-ZIP	CORAL SPRINGS 33071	
TITLE	D	☐ DELETE	4.1 TITLE	T. / D.	☒ Change ☐ Addition
NAME	GIOELLO, LINA		4.2 NAME	LINA GIOELLO	
STREET ADDRESS	5010 NW 77 COURT		4.3 STREET ADDRESS	5010 NW 77 CT	
CITY-ST-ZIP	POMPANO BEACH FL		4.4 CITY-ST-ZIP	Pompano Bch, FL	
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	BIRKETT, KATHY		5.2 NAME	Strong, Eileen	
STREET ADDRESS	15902 STONE TOWER STREET		5.3 STREET ADDRESS	10950 N.W. 38th Ct.	
CITY-ST-ZIP	DAVIE FL		5.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
TITLE	P	☒ DELETE	6.1 TITLE	D.	☐ Change ☒ Addition
NAME	VLAZNY, DAVID		6.2 NAME	Swartz, Yvonne	
STREET ADDRESS	680 SW 75TH		6.3 STREET ADDRESS	7211 S.W. 4th Ct.	
CITY-ST-ZIP	PLANTATION FL 33317		6.4 CITY-ST-ZIP	N. Lauderdale, FL 33068	

CR2E037 (4/97)

14. I do 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: [illegible] SIGNATURE REQUIRED [illegible]