


FILE NOW: FILING FEE IS \$61.25

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Jul 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # *N 94080005835*
 1. Corporation Name
Parents Really Involved In Deaf Education, Inc.

Principal Place of Business Mailing Address
P.O. Box 771121
Coral Springs, Fl. 33077-1121

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

3. Date Incorporated or Qualified	4. FEI Number	Applied For
<i>11/29/94</i>		<input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
Gary Korn, Esq.
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)
<i>100002589521</i>
83 <i>-07/15/98--01011--015</i>
84 City <i>***70.00</i>
85 Zip Code <i>FL</i>

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	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<i>P</i>
1.3 STREET ADDRESS	<i>Cindy Hurd</i>
1.4 CITY-ST-ZIP	<i>11877 Classic Drive</i>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<i>V</i>
2.3 STREET ADDRESS	<i>Cheryl Harter</i>
2.4 CITY-ST-ZIP	<i>204 NW 117th Avenue</i>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<i>T</i>
3.3 STREET ADDRESS	<i>Lina Gioello</i>
3.4 CITY-ST-ZIP	<i>5010 NW 77th Court</i>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<i>S</i>
4.3 STREET ADDRESS	<i>Yvonne Swartz</i>
4.4 CITY-ST-ZIP	<i>7211 S.W. 4th Court</i>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<i>D.</i>
5.3 STREET ADDRESS	<i>Eileen Strong</i>
5.4 CITY-ST-ZIP	<i>10950 NW 38th Court</i>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<i>D</i>
6.3 STREET ADDRESS	<i>Mark Buto</i>
6.4 CITY-ST-ZIP	<i>1188 NW 82nd Ave</i>

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: *Cindy Hurd* *Cindy Hurd* 7/14/98 954-755-2227

CR2E037 (10/97)

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