


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90034 007 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N94000005835					
1. Corporation Name PARENTS REALLY INVOLVED IN DEAF EDUCATION, INC.					
Principal Place of Business PO BOX 771121 CORAL SPRINGS FL 33077-1121 US			Mailing Address P.O BOX 7701121 CORAL SPRINGS FL 33077-1121 US		

2 3 7 8 8 0 - 9 0 0 3 4 - 7 8



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/29/1994	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number NOT APPLICABLE	
22 City & State		27 City & State		Applied For <input checked="" type="checkbox"/> Not Applicable	
23 Zip Country		28 Zip Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip Country		29 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

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							
TITLE	P	<input type="checkbox"/> DELETE					
NAME	HURD, CINDY						
STREET ADDRESS	11877 CLASSIC DR.						
CITY-ST-ZIP	CORAL SPRINGS FL 33071						
TITLE	V	<input type="checkbox"/> DELETE					
NAME	HARTER, CHERYL						
STREET ADDRESS	204 NW 17TH AVE.						
CITY-ST-ZIP	CORAL SPRINGS FL 33071						
TITLE	T	<input type="checkbox"/> DELETE					
NAME	GIVELLO, LINA						
STREET ADDRESS	5010 NW 77TH COURT						
CITY-ST-ZIP	POMPANO BEACH FL 33073						
TITLE	S	<input type="checkbox"/> DELETE					
NAME	SWARTZ, YVONNE						
STREET ADDRESS	7211 SW 4TH COURT						
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068						
TITLE	D	<input type="checkbox"/> DELETE					
NAME	STRONG, EILEEN						
STREET ADDRESS	10950 NW 38TH COURT						
CITY-ST-ZIP	CORAL SPRINGS FL 33065						
TITLE	D	<input type="checkbox"/> DELETE					
NAME	BUTO, MARK						
STREET ADDRESS	1188 NW 82ND AVE.						
CITY-ST-ZIP	CORAL SPRINGS FL 33071						
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
1.2 NAME							
1.3 STREET ADDRESS							
1.4 CITY-ST-ZIP							
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
2.2 NAME							
2.3 STREET ADDRESS							
2.4 CITY-ST-ZIP							
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition						
3.2 NAME	Gioello, Lina						
3.3 STREET ADDRESS	5010 NW 77th Court						
3.4 CITY-ST-ZIP	Pompano Beach, FL 33073						
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
4.2 NAME							
4.3 STREET ADDRESS							
4.4 CITY-ST-ZIP							
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
5.2 NAME							
5.3 STREET ADDRESS							
5.4 CITY-ST-ZIP							
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
6.2 NAME							
6.3 STREET ADDRESS							
6.4 CITY-ST-ZIP							

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, with all other like empowered.

SIGNATURE: Yvonne M. Swartz **Yvonne M. Swartz** 2/24/99 721-2017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)

23880-9004-1
N94000005835

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Kathleen DeLaRosa
10660 NW 21st Court
Pembroke Pines, FL
33026

D

Jim Strong
10950 NW 38th Court
Coral Springs, 33065

D

Tom Swartz
7211 SW 4th Court
North Lauderdale, FL
33068