

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 08 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000001171 (6)

1. Corporation Name

PARENTS FOR MCC DEBATORS, INC.



Principal Place of Business MIAMI CAROL CITY HIGH SCHOOL 3422 N.W. 187 STREET CAROL CITY FL 33055 US	Mailing Address <del>P.O. BOX 551725</del> <del>3422 N.W. 187 STREET</del> <del>CAROL CITY FL 33055</del> <del>US</del> 2a. New Mailing Address P.O. Box 170 467 Miami Garden Branch Hialeah FL 33017-0467
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 P.O. Box 551725 27 Suite, Apt. #, etc. 28 Carol City Fla. 29 Zip 30 Dade	3. Date incorporated or Qualified 03/13/1995	3a. Date of Last Report 05/01/1996	4. FEI Number 65-0563901	Applied For 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	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent WILLIAMS, LYNELL C 19700 N.W. 41ST AVENUE MIAMI FL 33055	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
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	WILLIAMS, LYNELL C	1.2 NAME	
STREET ADDRESS	10700 N.W. 41ST AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33055	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	S.T.D.
NAME	THOMAS, CONSTANCE	2.2 NAME	Dianne Brock
STREET ADDRESS	4801 N.W. 183RD STREET, APT. 1-13	2.3 STREET ADDRESS	13835 S. Biscayne Dr.
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami FL 33054
TITLE	TD	3.1 TITLE	S.D.
NAME	MORAIS, EMILY	3.2 NAME	Gwen Williams
STREET ADDRESS	720 N.W. 107TH STREET	3.3 STREET ADDRESS	17081 N.W. 42 Ave
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI FL 33055
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 \_\_\_\_\_ SIGNATURE REQUIRED \_\_\_\_\_ 9/12/97 (2-1) 121-1117

CR2E037 (4/97)