

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 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 # **N95000004276 (0)**

1. Corporation Name

PARROT HEADS OF CENTRAL FLORIDA, INC.



Principal Place of Business 2635 DONALDSON DRIVE ORLANDO FL 32812	Mailing Address 2635 DONALDSON DRIVE ORLANDO FL 32812
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3. Date Incorporated or Qualified 09/07/1995	
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input 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 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 type="checkbox"/> No

9. Name and Address of Current Registered Agent SCHLEGEL, JAMES L 2635 DONALDSON DRIVE ORLANDO FL 32812

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	SCHLEGEL, JAMES L
STREET ADDRESS	2635 DONALDSON DRIVE
CITY-ST-ZIP	ORLANDO FL 32812
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	SCHLEGEL, ROBERT
STREET ADDRESS	2635 DONALDSON DRIVE
CITY-ST-ZIP	ORLANDO FL 32812
TITLE	D <input type="checkbox"/> DELETE
NAME	HAYNES, SCOTT
STREET ADDRESS	2635 DONALDSON DRIVE
CITY-ST-ZIP	ORLANDO FL 32812
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	POLLOCK, TOM
STREET ADDRESS	2635 DONALDSON DRIVE
CITY-ST-ZIP	ORLANDO FL 32812
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	ORLIN, ROBERT
STREET ADDRESS	1109 MARYLAND AV
CITY-ST-ZIP	ST CLOUD FL 34769
TITLE	D <input type="checkbox"/> DELETE
NAME	ROBERT SPARKS
STREET ADDRESS	9948 KENDAL DR
CITY-ST-ZIP	ORLANDO FL 32817

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 checked="" type="checkbox"/> Addition
2.2 NAME	JAMES THOMAS
2.3 STREET ADDRESS	716 Sulmona Rd.
2.4 CITY-ST-ZIP	Winter Park, FL 32789-5256
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Betsy Brown
4.3 STREET ADDRESS	10630 Kaim St.
4.4 CITY-ST-ZIP	Orlando, FL 32825
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.

SIGNATURE:  **2-11-98** **407-856-2642**

CR2E037 (10/97)