## 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).

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Sep 25 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCU 1. Corporation	MENT on Name	#	N960	0000	)1570	(8)								
PAREI	NT'S A.H.	E.A.D.	, INC.							A LEGALIJĒ I ALĪĒ ĀĒŅJE DIŅIN DALJIN BĒJI	] <b>Pa</b> ril <b>Aa</b> rin		#PAG 4 <b>00</b> 11 <b>00</b> 11 4 <b>00</b> 1	
Principal Plac	ce of Busines	s		Ma	ailing Address									
		-												
16185 77TH TRAIL NORTH 16185 77TH TRAIL NORTH PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS F						33418		}						
, , , <u>, , , , , , , , , , , , , , , , </u>		*****								3. Date Incorporated or Qualified		SPACE Date of Las	nt Benert	
		<u></u>								03/20/1996	3a. 1	Jaie of La	si nepoli	
	2. Principal Place of Business				2a. Mailing Address				4. FEI Number			Applied For		
21	# 010		26	26					65-0648711		60.7	Not Applicable		
22	Sulte, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired	¥		5 Additional Required		
City & Sta	City & State				City & State					6. Election Campaign Financing			00 May Be	
23					28				Trust Fund Contribution			led to Fees		
Zip		Cou	untry		Zip		Country	,		8. This corporation owes or has	paid the c	ırrent year	r Intargible	
24	25			29						Personal Property Tax due June 30. 🔲 Yes 🗹 No				
	9. Name	and Ad	dress of Curi	rent Regist	ered Agent					10. Name and Address of New F	egistere	Agent		
							81	Name	)					
REDPATH, CAROLINE C 16185 77TH TRAIL NORTH							82	Street	Addres	s (P.O. Box Number is Not Accept	able)			
	BEACH GAR						83							
							84	City			FI	B5 Z	Zip Code	
11. Pursuani	to the provis	ions of S	Sections 617.0	0502 and 61	17.1508. Florid	da Statutes	the above	e-named	d corpore	ation submits this statement for the		et changin	a its registered	
office or	registered ag	ent, or b	oth, in the Sta	ate of Florid	la. Such chan	ige was aut	horized by	the cor	rporation	ation submits this statement for the 's board of directors. I hereby acc	ept the ap	pointment	as registered	
	I INDAIL.		de do	i H	GUAR	אין נד	o for				9-10	-92		
SIGNATURE	Signature, typed	or printed of	peruntion lo ornan	agent and title	l applicable.	(NOTE: F	legislered Age	ni signature	e required v	when reinstating)	DATE			
12.			OFFICERS A	AND DIREC			13.		~ ~	ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRECT	ORS IN 12	
TITLE					☐ DE	ELETE	1.1 TITLE		pre	sident oline C. Redpath 85 774 Tr. North	PID	L_I Chan	ge 4 Addition	
NAME	ļ '						1.2 NAME		Care	85 77 77. North				
STREET ADDRESS							1.3 STREET	ADDRESS	B	in Beach Gardens,	FC 333	18		
CITY-ST-ZIP	<u> </u>				<u>I-1</u> N	, FTÉ	1.4 CITY-S	T-ZIP		Le President (VI	<del></del>		- Iz Zast	
TITLE					□ DE	iltit	2.1 TITLE		1 1	da Lasso		Chang	ge Addition	
NAME	ľ						2.2 NAME		10	da Lasso Dock	7·			
STREET ADDRESS	Į						2.3 STREET		I A	lobe Sound, Fl 83	475			
CITY-ST-ZIP	.30			<del></del>	☐ DE	1 FTF	2.4 CITY-5 3.1 TITLE	51-ZIP	<del> </del>	- Control of the control of		Chan	ge Addition	
NAME	131.0.0.				- / -		3.2 NAME		Cas	ssandra Smith B	urney	BITI	(D)	
STREET ADDRESS	Ì						3.3 STREET	ADDRESS	7	21 4845 54	رسر	C		
CITY-ST-ZIP	]						3.4. CITY - S		u	est Palm Beach,	, PC 3	3407		
TITLE	<del>                                     </del>				DE	LETE	4.1 TITLE					Chan	ge Addition	
NAME														
STREET ADDRESS	1						4. 2 NAME							
	į.						4.2 NAME 4.3 STREET	ADDRESS						
CITY-ST-ZIP						<u>.</u>								
CITY-ST-ZIP TITLE				<del></del>	DE	LETE	4.3 STREET					Chang	ge Addition	
		<del></del>			DE	LETE	4.3 STREET 4.4 City-S					Chan	ge Addition	
TITLE		<del></del>			DE	LETE	4.3 STREET 4.4 City-S 5.1 Title	T-ZIP				Chang	ge Addition	
TITLE NAME							4.3 STREET  4.4 City-S  5.1 Title  5.2 NAME	T-ZIP ADDRESS						
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TITLE NAME STREET ADDRESS CITY-ST-ZIP							4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S	T-ZIP ADDRESS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE							4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S 6.1 TITLE	T-ZIP  ADDRESS T-ZIP  ADDRESS						

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), Fiorida 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.