FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000087900 (5)**

1. Corporation Name
PARNASSIA, INC.

Principal Place of Business	Mailing Address
C/O BAITA INTERNATIONAL, INC. 8130 BAYMEADOWS WAY WEST, SUITE 302 JACKSONVILLE FL 32256	C/O BAITA INTERNATIONAL, INC. 8130 BAYMEADOWS WAY WEST, SUITE 302 JACKSONVILLE FL 32256-4432

3. Date Incorporated or Qualified: 12/27/1993
3a. Date of Last Report: 05/14/1996

2. Principal Place of Business
21: 1777 NE Expressway
22 Suite, Apt. #, etc.: Suite 145
23 City & State: Atlanta GA
24 Zip: 30329
25 Country: USA

2a. Mailing Address
26: 1777 NE Expressway
27 Suite, Apt. #, etc.: Suite 145
28 City & State: Atlanta GA
29 Zip: 30329
30 Country: USA

4. FEI Number: 59-3232192 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BAITA INTERNATIONAL, INC.
8130 BAYMEADOWS WAY WEST
SUITE 302
JACKSONVILLE FL 32256

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title, if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VST	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SCHNEIDER, RETO J		1.2 NAME		
STREET ADDRESS	% 8130 BAYMEADOWS WAY WEST #302		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MATTSON, ROBERT		2.2 NAME		
STREET ADDRESS	8130 BAYMEADOWS WAY WEST		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SULZBACHER, WILLIAM M		3.2 NAME		
STREET ADDRESS	8130 BAYMEADOWS WAY WEST		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PURVIS, COEN V		4.2 NAME		
STREET ADDRESS	8130 BAYMEADOWS WAY WEST		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SCHNEIDER, MONIQUE R		5.2 NAME		
STREET ADDRESS	8130 BAYMEADOWS WAY WEST		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME	KOLEOS, DAVID J		6.2 NAME		
STREET ADDRESS	8130 BAYMEADOWS WAY WEST		6.3 STREET ADDRESS	1777 NE Expressway	
CITY-ST-ZIP	JACKSONVILLE FL		6.4 CITY-ST-ZIP	Atlanta GA 30329	

CR2E034 (9/96)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David A Koleos REQUIRED 4/16/97 404-636-6778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0039087