

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000092995 (7)

1. Corporation Name

PARENT OF AMERICA II, INC.



Principal Place of Business

2600 118TH AVENUE NORTH
ST. PETERSBURG FL 33716
US

Mailing Address

2600 118TH AVENUE NORTH
ST. PETERSBURG FL 33716

3. Date Incorporated or Qualified
12/27/1994

3a. Date of Last Report
06/29/1995

2. Principal Place of Business

2a. Mailing Address

21 13535 Feather Sound Drive

26 SAME as 2

4. FEI Number

59-3284604

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 327

27

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

City & State

City & State

23 Clearwater, FL

28

6. Election Campaign Financing
Trust Fund Contribution

□

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 34622

25 USA

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POINTER, ANN E
2600 118TH AVE NORTH
SUITE 800
ST PETERSBURG FL 33716

81 Name

Same

82 Street Address (P.O. Box Number is Not Acceptable)

13535 Feather Sound Drive

83 Suite 327

84 City

Clearwater

FL

85 Zip Code

34622

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

Signature, typed or printed name of registered agent and time of application

(NOTE: Registered Agent's signature required when filing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
GALINSKI, MICHAEL
STREET ADDRESS
2600 118TH AVENUE NORTH
CITY - ST - ZIP
ST. PETERSBURG FL

TITLE ☒ DELETE

NAME
GIAMMARRUS, JOSEPH
STREET ADDRESS
2600 118TH AVE NORTH
CITY - ST - ZIP
ST. PETERSBURG FL

TITLE ☒ DELETE

NAME
ROGERS, ARIS
STREET ADDRESS
2600 118TH AVE NORTH
CITY - ST - ZIP
ST PETERSBURG FL

TITLE ☐ DELETE

NAME
HALL, GREG
STREET ADDRESS
2600 118TH AVE NORTH
CITY - ST - ZIP
ST PETERSBURG FL

TITLE ☐ DELETE

NAME
POINTER, ANN E
STREET ADDRESS
2600 118TH AVE NORTH
CITY - ST - ZIP
ST PETERSBURG FL

TITLE ☒ DELETE

NAME
ALLSWORTH, T W
STREET ADDRESS
2600 118TH AVE NORTH
CITY - ST - ZIP
ST PETERSBURG FL

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY - ST - ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY - ST - ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY - ST - ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY - ST - ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY - ST - ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY - ST - ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Ann E. Pointer, Ann E. Pointer

4/23/96 813-573-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (12/95)