FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000031263 (2)

PARROTVILLE SERVICES, INC.					
1401 WHITE STREET KEY WEST FL 33040		1401 WHITE STREET KEY WEST FL 33040-4813			•
				3. Date Incorporated or Qualified 04/10/1996	3a. Date of Last Report
2. Principal Place of Business		2a, Mailing Address		4. FEI Number	Applied For
21		26 7902 RIVER RIDGE DR		650655974	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		27 TEMPLE TELEPCE, FL. City & State			Fee Required
23		28 3 3 6 3 7		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	7ip	Country	This corporation has liability for in	
24	25		30 USA		Yes [J
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
AMERILAWYER CHARTERED 81 Name GEORGE E. TENHAGEN					
343 ALMERIA AVENUE 82 Street			82 Street Addre	ess (P.O. Box Number is Not Acceptable	e)
CORAL GABLES FL 33134			1708	- RIVER BIOGE	DR.
			83		
			84 Cily MPLS	E TERRACE	FL 85 Zip Code 55637
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 fagilitiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE A- E1 ent Techsnara March 5, 1997					
12,	Signature, typod or printed name of registered age. OFFICERS AND	mid title if applicable (NOTE: DIRECTORS	Registered Agent signature require 13.	d when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE / /
TITLE	PD	DELETE	1.1 TOLE	ADDITIONS/OFFICIALIZED TO OFFICE	Change Addition
NAME	GATES, HAROLD V		1.2 NAME		
STREET ADDRESS	1401 WHITE STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL 33040		1.4 C(TY - ST - 2(P		
TITLE	VO	DELETE	2.1 TITLE		Change Addition
NAME	TENHAGEN, JACQUEUNE T		2.2 NAME		
STREET ADDRESS	1401 WHITE STREET		2 3 STREET ADDRESS		
CITY-\$1-ZIP	KEY WEST FL 33040 SD	DELETE.	2 4 CHY-S1-ZIP		Channo I Addition
TITLE	GATES, DEBBIE D	□ Detere.	3 1 TITLE		☐ Change ☐ Addition
STREET ADDRESS	1401 WHITE STREET		3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL 33040		3.4. CITY+ ST-ZIP		
TITLE	10	DELETE	4.1 TITLE		Change Addition
NAME	TENHAGEN, GEORGE E		4. 2 NAME		
STREET ADDRESS	1401 WHITE STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL 33040		4.4 CITY+ \$1 - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME	•		5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-\$T-ZIP TITLE		DELETE	5.4 CHY-ST-7#		Change Addition
NAME		CT pricit	61 TITLE 6.2 NAME		Filtrands Filvoorion
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - S1 - ZIP		
14. do hereb	by 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.					

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Apr 21 1997 8:00am

Secretary of State