


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

FILED
Jul 01 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 # P92000096045 1. Corporation Name PARENTS INFORMATION NETWORK, INC.					
Principal Place of Business 94 Mitchell Hammock Road Oviedo, FL 32765			Mailing Address		
2. Principal Place of Business 21 821 Charingston Court Suite, Apt. #, etc.		2a. Mailing Address 26 821 Charingston Court Suite, Apt. #, etc.		3. Date Incorporated or Qualified Nov. 15, 1996	
22 City & State 23 Apopka, FL Zip 24 32712		27 City & State 28 Apopka, FL Zip 29 32712		3a. Date of Last Report NA	
Country 25 USA		Country 30 USA		4. FEI Number 59-3410868	
9. Name and Address of Current Registered Agent Thomas R. Thomas 94 Mitchell Hammock Road Oviedo, FL 32765				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
10. Name and Address of New Registered Agent Reynold Acosta 821 Charingston Court Apopka, FL 32712				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No					
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 <i>Reynold Acosta</i> Reynold Acosta 6/10/97 (NOTE: Registered Agent's signature required when reinstating)					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE Director, President <input checked="" type="checkbox"/> DELETE		1.1 TITLE Director, Pres., Secty., Treas. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME Harold F. Hall		1.2 NAME Reynold Acosta			
STREET ADDRESS 1233 West Jackson St.		1.3 STREET ADDRESS 821 Charingston Court			
CITY-ST-ZIP Orlando, FL 32805		1.4 CITY-ST-ZIP Apopka, FL 32712			
TITLE Director, Vice-Pres., Secty. <input checked="" type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME Treas. Helen M. Hall		2.2 NAME			
STREET ADDRESS 1233 W. Jackson St.		2.3 STREET ADDRESS			
CITY-ST-ZIP Orlando, FL 32805		2.4 CITY-ST-ZIP			
TITLE Director, Asst. Secty. <input checked="" type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME Thomas R. Thomas		3.2 NAME			
STREET ADDRESS 94 Mitchell Hammock Road		3.3 STREET ADDRESS			
CITY-ST-ZIP Oviedo, FL 32765		3.4 CITY-ST-ZIP			
TITLE Director <input checked="" type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME George Thomas McKaige, III		4.2 NAME			
STREET ADDRESS 1802 N. Laurel Oak Drive		4.3 STREET ADDRESS			
CITY-ST-ZIP Rockledge, FL 32955		4.4 CITY-ST-ZIP			
TITLE Director <input checked="" type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME Robert A. Mason		5.2 NAME			
STREET ADDRESS 94 East Mitchell Hammock Road		5.3 STREET ADDRESS			
CITY-ST-ZIP Oviedo, FL 32765		5.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		6.4 CITY-ST-ZIP			

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: *Reynold Acosta* **Reynold Acosta** 6/10/97 (407) 886-4432

CR2E034 (9/96)