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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000015083 (3)

PARENTING 101, INC.

FILED Apr 27 1998 8:00am Secretary of State



Principal Place of Business Mailing Address				+ reduced use reprincedly being	
2335 E ATLANTIC BLVD. SUITE 300 2335 E ATLANTIC BLVD.					
POMPANO	BEACH FL 33062	POMPANO BEACH FL 3	3062	DO NOT WRITE IN TH	#C CDAOE
				3. Date Incorporated or Qualified	115 SPACE
				02/13/1997	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
	93 Wiles Rd.	26 10693 Wil	ල ලැබ්.	65-0737864	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<u> </u>		\$8.75 Additional
22 Dule 18	<u>a</u>	27 Jil 182		5. Certificate of Status Desired	Fee Required
City & Stal		City & State		6. Election Campaign Financing	\$5.00 May Be
23 COra	1 Springs FL	28 COYA 1 Spr	ings, FL	Trust Fund Contribution	Added to Fees
Zip _	Country	Zip	Oetuntry_	8. This corporation owes or has paid the	current year Intangible
24 330			30 USA	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Register	ed Agent
BAILEY, MARIA A 81 Name Caller				verrero, mery 1	
Street Add				dress (P.O. Box Number is Not Acceptable)	
FOMFANO DEACH FL 33002				673 NW 57 Court	- 1 - 2
			83		
			84 City		DE Zin Codo
			(2)	ral Springs F	EL 85 Zip Code 7-X71
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the above-named cor	rporation submits this statement for the purpos ation's board of directors. I hereby accept the	e of changing its registered
agent la	registered agent, or both, in the state am familiar with, and accept the oblig	ations of, Section 607.0505, Flor	ithorized by the corpora ida Statutes.	ation's board of directors. I hereby accept the	appointment as registered
SIGNATURE '	نناسا (انسان				-19-98
	Signature, typod or M led canin of legistered age		registered Agent signature requ		<u> </u>
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	DELETE	1.1 TITLE		Change
NAME	BAILEY, MARIA A		1.2 NAME		Ì
STREET ADDRESS	2335 E ATLANTIC BLVD, SI		1.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 3306		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	GUERRERO, MERYL		22 NAME		
STREET ADDRESS	2335 E ATLANTIC BLVD, SI		2.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 3306	2	2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY~ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		ļ
TITLE		DELETE	6.1 TITLE		Change Addition
NAME		*****	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		1
CITY-ST-ZIP			a :		
	sertify that the information supplied wi	th this filing does not qualify for	64 CITY-ST-ZIP	Spotion 110 07/2V/3 Florido Statutas I further	

14. I nereby 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.

IGNATURE: M LULL ST. MORAL GUEVIER President 4/9-98 954/245-61109