

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90006 018 ***150.00

DOCUMENT # P98000087015

1. Corporation Name
PARENTAGE CORP.

Principal Place of Business
4190 S.W. 75TH CIRCLE, EAST
DAVIE FL 33314

Mailing Address
4190 S.W. 75TH CIRCLE, EAST
DAVIE FL 33314

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/09/1998

4. FEI Number
65-0869168

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business
21 2057 Taft St.

2a. Mailing Address
26 2057 Taft St.

22 Suite, Apt. #, etc.
23 Hollywood, FL
24 33020 25

27 Suite, Apt. #, etc.
28 Hollywood, FL
29 33020 30

9. Name and Address of Current Registered Agent

BOGGS, LESTER C
4190 S.W. 75TH CIRCLE, EAST
DAVIE FL 33314

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
2057 Taft St.
83
84 City Hollywood FL 85 Zip Code 33020

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BOGGS, LESTER C	
STREET ADDRESS	4190 S.W. 75TH CIRCLE, EAST	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUTCHINSON, LORA JANN	
STREET ADDRESS	705 EAST GREEN LANE	
CITY-ST-ZIP	WOODSTOCK GA 30189	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THORNTON, DEBORAH KAY	
STREET ADDRESS	4151 S.W. 75TH CIRCLE	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOGGS, HAMILTON DUFF	
STREET ADDRESS	2301 LEE STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PAYNE, NANCY ANN	
STREET ADDRESS	P.S.C. 41, BOX 45	
CITY-ST-ZIP	APO AE 09464	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMS, KIMBERLY S	
STREET ADDRESS	ROUTE 5B, BOX 669	
CITY-ST-ZIP	HINDERSVILLE NC 28792	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: Lora J. Hutchison Lora J. Hutchison 2/10/99 954-923-3440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)