

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.  
AMOUNT DUE ON OR BEFORE 8/10/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

CORPORATION ANNUAL REPORT <b>1994</b>		FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S50139 (2)**

1. Corporation Name  
**HAPPY PARROT, INC.**

Mailing Address  
**1913 NORTHGATE BLVD.  
SARASOTA FL 34234**

Principal Place of Business  
**1913 NORTHGATE BLVD.  
SARASOTA FL 34234**

**REINSTATEMENT 94-97**  
DO NOT WRITE IN THESE SPACES

FILED

97 MAY -9 PM 3: 30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

21 Mailing Address <b>Happy Parrot, Inc.</b> Suite, Apt. #, etc. <b>5445 WASHINGTON BL</b> City & State <b>SARASOTA Florida</b> Zip <b>34234</b>	26 Principal Place of Business <b>Happy Parrot, Inc.</b> Suite, Apt. #, etc. <b>5445 WASHINGTON BLVD</b> City & State <b>SARASOTA Florida</b> Zip <b>34234</b>
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3. Date Incorporated or Qualified <b>05/07/1991</b>	3a. Date of Last Report <b>08/02/1993</b>
4. FEI Number <b>59-3065525</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <b>\$8.75 Additional Fee Required</b> <input type="checkbox"/>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

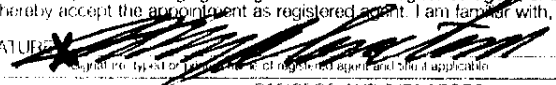
9. Name and Address of Current Registered Agent

~~WEINER, NEVIN~~  
~~46 NORTH WASHINGTON BLVD.~~  
~~SA~~  
~~SARASOTA FL 34236~~

10. Name and Address of New Registered Agent

81 Name  
**MARY C CHRISTMAN**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**4036 ARROW WAY**  
83 **SARASOTA**  
84 City  
**SARASOTA** FL 85 Zip Code  
**34234**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE:  Res. **5-6-97**  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE <b>P/S/T</b>	12 NAME <b>CHRISTMAN, MARY C.</b>	11 TITLE	
12 NAME		12 NAME	
13 STREET ADDRESS <b>4036 ARROW WAY</b>		13 STREET ADDRESS	
14 CITY-ST-ZIP <b>SARASOTA FL</b>		14 CITY-ST-ZIP	
21 TITLE		21 TITLE	<b>000002176170--5</b>
22 NAME		22 NAME	<b>-05/13/97--01018--007</b>
23 STREET ADDRESS		23 STREET ADDRESS	<b>***1245.00 ***1245.00</b>
24 CITY-ST-ZIP		24 CITY-ST-ZIP	
31 TITLE		31 TITLE	
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY-ST-ZIP		34 CITY-ST-ZIP	
41 TITLE		41 TITLE	
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY-ST-ZIP		44 CITY-ST-ZIP	
51 TITLE		51 TITLE	
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY-ST-ZIP		54 CITY-ST-ZIP	
61 TITLE		61 TITLE	
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY-ST-ZIP		64 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-6-97** **941-378-4393**  
Date Daytime Phone #