

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S50139** (2)  
1. Corporation Name  
**HAPPY PARROT, INC.**

Principal Place of Business  
**5445 WASHINGTON BLVD.  
SARASOTA FL 34234**

Mailing Address  
**5445 WASHINGTON BLVD.  
SARASOTA FL 34234**

APPROVED  
AND  
FILED

99 JAN -5 PM 3:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT** 98  
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/07/1991	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3065525	
24 Country		29 Country		Applied For	
				Not Applicable	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		5. Certificate of Status Desired	
CHRISTMAN, MARY C				6. Election Campaign Financing	
4036 ARROW WAY				Trust Fund Contribution	
SARASOTA FL 34234				7. This corporation owes or has paid the current year intangible	
				Personal Property Tax due June 30.	
				8. Yes <input type="checkbox"/> No <input type="checkbox"/>	
				84 City	
				85 Zip Code	

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]* DATE: *[Date]*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	1.2 NAME		
STREET ADDRESS	1.3 STREET ADDRESS	900002734529--8	
CITY-ST-ZIP	1.4 CITY-ST-ZIP	-01/08/99-01058-004	
TITLE	2.1 TITLE	****750.00 ****750.00	
NAME	2.2 NAME		
STREET ADDRESS	2.3 STREET ADDRESS		
CITY-ST-ZIP	2.4 CITY-ST-ZIP		
TITLE	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	3.2 NAME		
STREET ADDRESS	3.3 STREET ADDRESS		
CITY-ST-ZIP	3.4 CITY-ST-ZIP		
TITLE	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	4.2 NAME		
STREET ADDRESS	4.3 STREET ADDRESS		
CITY-ST-ZIP	4.4 CITY-ST-ZIP		
TITLE	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	5.2 NAME		
STREET ADDRESS	5.3 STREET ADDRESS		
CITY-ST-ZIP	5.4 CITY-ST-ZIP		
TITLE	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	6.2 NAME		
STREET ADDRESS	6.3 STREET ADDRESS		
CITY-ST-ZIP	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.

SIGNATURE: *[Signature]* 12-22-98 941 351-7896  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR