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

PROFIT
CORPORATION
ANNUAL REPORT
1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S88800

(5)

Mailing Address

PARENT AND CHILD TEAM, INC.

FILED May 06 1997 8:00am Secretary of State



WEST PALM BEACH FL 33409			WEST PALM BEACH FL 33409-6058					
							3. Date Incorporated or Qualified 10/21/1991	3a. Date of Last Report 05/01/1996
2. Principal Place of Business			2a.	2a. Mailing Address			4. FE‡Number	Applied For
21			26				65-0268783	Not Applicable
Sulte, Apt. #, etc.			27	Suite, Apt. #, etc.			5. Certificate of Status Desired	See Required
City & State				City & State			6. Election Campaign Financing	\$5.00 May Be
23			28			Trust Fund Contribution	Added to Fees	
Zip	Country			Zip Country		8. This corporation has liability for intangible tax under s. 199.032,		
24	25 25 Name and Address of Current				30		Florida Statutes Yes No  10. Name and Address of New Registered Agent	
0111			ent Regis	stered Agent	81	Lano	10. Name and Address of New He	Jistered Agent
O'NEILL, HENRY M					*'	81 Name		
320 WILMA CIR					82	Street A	ddress (P.O. Box Number is Not Acceptab	ıle)
WEST PALM EBAHC FL 33404						ļ		
					83	'		
					84	City		FL 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, typod or pr	inted name of registered	agent and tite	if applicable (NO	1E - Registered Ag	gent signature re	quired when reins(aling)	DATE
12.		OFFICERS A	ND DIRE	CTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	PS			DELETE	1.1 THE	T		Change Addition
NAME	O'NEILL, BE				1.2 NAME			
STREET ADDRESS					1.3 STREE	1 ADDRESS		
CITY-ST-ZIP	RIO BEACH FL 33404					ST-ZIP		
TITLE	VP			☐ DELETE	2.1 THE			☐ Change ☐ Addition
NAME	O'NEILL, HENRY M			2				
STREET ADDRESS					2.3 STREE	I ADDRESS		
CITY-ST-ZIP	RIO BEACH FL 33404					\$1-ZIP		
TITLE				DELETE	3 1 TITL€			L Change [_] Addition
NAME	NAME				3.2 NAME	l		
STREET ADDRESS					3.3 STREE	T ADDRESS		
CITY-ST-ZIP				T print	3.4, CITY	\$1 - ZIP		T OL T Address
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NAME					4 2 NAM			i
STREET ADDRESS					•	I ADDRESS		,
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TITLE				L] MULT	5.1 TITLE			L_1 Change L_1 Addition
NAME					5.2 NAME			İ
STREET ADDRESS						1 ADDRESS		Į
CITY-ST-ZIP				☐ DELETE	5.4 CITY -			Change Addition
TITLE					6.17ITLE			E Griange E Addition
NAME					6.2-NAM6	!		
STREET ADDRESS						T ADDRESS	•	
CITY-ST-ZIP	ov certify that the	e information supp	fied with t	his filing does not qua	6.4 CITY- lify for the ex		ited in Section 119.07(3)(i), Florida Statute	s. I further certify that the

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 937, Florida Statutes; and that my name appears in Block 12 or Block 33 or changed, or on an attachment with an address.

CICALATUDE.

1/17/97 561 845 7228