


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 06 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** N96000002292  
 1. Corporation Name  
**B.T.C. PARENTS, INCORPORATED**

Principal Place of Business Mailing Address  
**The original principal place of business address has changed.**

2. Principal Place of Business	2a. Mailing Address
21 <b>Residence</b>	26 <b>P. O. Box #8894</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 <b>3756 N.W. 37th Street</b>	27 <b>Ft. Laud. Fla.</b>
City & State	City & State
23 <b>Lauderdale Lakes, FL</b>	28 <b>33310-8894</b>
Zip	Zip
24 <b>33309</b>	29 <b>U.S.A.</b>
25 <b>U.S.A.</b>	30 <b>U.S.A.</b>

3. Date Incorporated or Qualified <b>April 24, 1996</b>	3a. Date of Last Report
4. FEI Number <b>EIN 65-0666507</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name <b>Karen E. Black-Barron</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>3756 N.W. 37th Street</b>
83 <b>Lauderdale Lakes, Florida</b>
84 City <b>FL</b>
85 Zip Code <b>33309</b>

11. Pursuant to the provisions of 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>Financial Secretary</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>Kathy Turner-Shores</b>
STREET ADDRESS	<b>2343 N.W. 28th Street</b>
CITY-ST-ZIP	<b>Fort Lauderdale, Fla. 33311</b>
TITLE	<b>Director - President</b> <input type="checkbox"/> DELETE
NAME	<b>Karen E. Black-Barron</b>
STREET ADDRESS	<b>3756 N.W. 37th Street</b>
CITY-ST-ZIP	<b>Lauderdale Lakes, Florida 33309</b>
TITLE	<b>Director - Vice-Pres. &amp; Treas.</b> <input type="checkbox"/> DELETE
NAME	<b>Vonice Gibbs</b>
STREET ADDRESS	<b>7497 N.W. 49th Place</b>
CITY-ST-ZIP	<b>Lauderhill, Florida 33310</b>
TITLE	<b>Director - Recording Secretary</b> <input type="checkbox"/> DELETE
NAME	<b>Kaysandra Lockhart</b>
STREET ADDRESS	<b>5820 N.W. 17th Place, Unit 206</b>
CITY-ST-ZIP	<b>Sunrise, Fla. 33313</b>
TITLE	<b>Director</b> <input type="checkbox"/> DELETE
NAME	<b>Thelma Delois Martin</b>
STREET ADDRESS	<b>620 N.W. 33rd Avenue</b>
CITY-ST-ZIP	<b>Fort Lauderdale, Fla 33311</b>

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 checked="" 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	<b>000002176080</b>
6.3 STREET ADDRESS	<b>-05/13/97--01011--005</b>
6.4 CITY-ST-ZIP	<b>***61.25</b>

14. 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Karen E. Black-Barron* 4/30/97 1992-2010  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Karen E. Black-Barron**  
 Date Daytime Phone #

CR2E037 (9/96)