


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N96000002292 (8)
 1. Corporation Name
B.T.C. PARENTS, INCORPORATED



Principal Place of Business 3756 N.W. 37TH STREET LAUDERDALE LAKES FL 33309	Mailing Address P.O. BOX #8894 FT. LAUD. FL 33310-8894
---	--

3. Date Incorporated or Qualified
04/24/1996

4. FEI Number 65-0666507	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
------------------------------------	---

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**BLACK-BARRON, KAREN E
 3756 N.W. 37TH STREET
 LAUDERDALE LAKES FL 33309**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 Zip Code

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BLACK-BARRON, KAREN E		1.2 NAME	
STREET ADDRESS 3756 NW 37TH STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP LAUDERDALE LAKES FL 33309		1.4 CITY-ST-ZIP	
TITLE DVT	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GIBBS, VONICE		2.2 NAME	
STREET ADDRESS 7497 NW 49TH PLACE		2.3 STREET ADDRESS	
CITY-ST-ZIP LAUDERHILL FL 33319		2.4 CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LOCKHART, KAYSANDRA		3.2 NAME	
STREET ADDRESS 5820 N.W. 17TH PLACE, UNIT 206		3.3 STREET ADDRESS	
CITY-ST-ZIP SUNRISE FL 33313		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARTIN, THELMA D		4.2 NAME	
STREET ADDRESS 620 N.W 33RD AVE.		4.3 STREET ADDRESS	
CITY-ST-ZIP FT. LAUDERDALE FL 33311		4.4 CITY-ST-ZIP	
TITLE FS	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TURNER-SHORES, KATHY		5.2 NAME	
STREET ADDRESS 2343 N.W 28TH STREET		5.3 STREET ADDRESS	
CITY-ST-ZIP FT. LAUDERDALE FL 33311		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 Black Barron* **Karen E. Black Barron** - 2/24/98 - (954) 7792-0010

CF2E037 (10/97)