

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000003907 (9)
 1. Corporation Name
FIND THE CHILDREN, INC.



Principal Place of Business 11811 W. OLYMPIC BLVD. LOS ANGELES CA 90064	Mailing Address 11811 W. OLYMPIC BLVD. LOS ANGELES CA 90064
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3. Date Incorporated or Qualified 07/24/1997	
4. FEI Number 95-3822577	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 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	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OTTO, LINDA	1.2 NAME	
STREET ADDRESS	11811 W. OLYMPIC BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90064	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAHANE, ANNE	2.2 NAME	
STREET ADDRESS	11811 W. OLYMPIC BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90064	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANDSBURG, ALAN	3.2 NAME	
STREET ADDRESS	11811 W. OLYMPIC BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90064	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRICKLAND, KAREN	4.2 NAME	
STREET ADDRESS	11811 W. OLYMPIC BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90064	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNETT, JOAN	5.2 NAME	
STREET ADDRESS	9255 SUNSET BLVD SUITE 1010	5.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90069	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOCK, SHERMAN SHERIFF	6.2 NAME	
STREET ADDRESS	4700 RAMONE BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	MONTEREY PARK CA 91754-2189	6.4 CITY-ST-ZIP	

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NAME	OTTO, LINDA	1.2 NAME	
STREET ADDRESS	11811 W. OLYMPIC BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90064	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	LOS ANGELES CA 90064	2.4 CITY-ST-ZIP	
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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: *Linda Otto* **Linda Otto** 3/16/98 (310) 477-6721

CP2E037 (10/97)