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Feb 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N94000005918 (7)

1. Corporation Name

CHILDRENS DENTAL ARCADE FOUNDATION INC.



Principal Place of Business

Mailing Address

2328 10TH AVE N
2-C
LAKEWORTH FL 33461
US

2328 10TH AVE N
2-C
LAKEWORTH FL 33461-6606
US

3. Date Incorporated or Qualified
12/02/1994

3a. Date of Last Report
03/04/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
65-0538060

Applied For
Not Applicable

5. Certificate of Status Desired

8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution

5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATE CREATIONS ENTERPRISES INC
4521 PGA BLVD SUITE 211
PALM BEACH GARDENS FL 33418

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE
NAME QUICK, JAMES R
STREET ADDRESS 2328 10TH AVE N, STE 2-C
CITY-ST-ZIP LAKEWORTH FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP LAKE WORTH, FL. 33461

TITLE D DELETE
NAME BROWNING-HECHT, DEBRA
STREET ADDRESS 2328 10TH AVE N, STE 2-C
CITY-ST-ZIP LAKEWORTH FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP LAKE WORTH, FL. 33461

TITLE D DELETE
NAME RODRIGUEZ, FRANK A
STREET ADDRESS 2328 10TH AVE N, STE 2-C
CITY-ST-ZIP LAKEWORTH FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME SHARON QUICK
4.3 STREET ADDRESS 2328 10TH AVE, N. STE. 203
4.4 CITY-ST-ZIP LAKE WORTH, FL. 33461

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Signature and typed or printed name of signing officer or director

2-17-97

(561) 582-0252

Date

Daytime Phone # 0043573

CR2E037 (9/96)