

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N95000001501 (4)

1. Corporation Name
TYKES AND TEENS, INC.



Principal Place of Business Mailing Address
729 COLORADO AVENUE 729 COLORADO AVENUE
P.O. BOX 2025 P.O. BOX 2025
STUART FL 34995 STUART FL 34995

3. Date Incorporated or Qualified **03/29/1995** 3a. Date of Last Report
 4. FEI Number **65-0570899** 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

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

9. Name and Address of Current Registered Agent
CHERRY, RICHARD G
1665 PALM BEACH LAKES BLVD.
SUITE 800
W PALM BEACH FL 33401

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		
TITLE	D	<input type="checkbox"/> DELETE
NAME	RALICKI, JEANNE P	
STREET ADDRESS	729 COLORADO AVE.	
CITY-ST-ZIP	STUART FL 34995	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROBY, MILDRED	
STREET ADDRESS	4073 S.E. FAIRWAY EAST	
CITY-ST-ZIP	STUART FL 34997	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PITTINGER, FR. THOMAS T	
STREET ADDRESS	3222 S.E. COURT DRIVE	
CITY-ST-ZIP	STUART FL 34997	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CATRABONE, JOSEPH	
STREET ADDRESS	W. CRANE CREEK AVE.	
CITY-ST-ZIP	PALM CITY FL 34957	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FAY, VIRGINIA	
STREET ADDRESS	1925 N.E. RIVER COURT	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ Date: **6/6/96** Daytime Phone #: **407 220 1629**

CR2E037 (3/96)