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Feb 14 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 # N95000001501 (4)

1. Corporation Name
TYKES AND TEENS, INC.



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

3. Date Incorporated or Qualified: 03/29/1995
3a. Date of Last Report: 06/12/1996

2. Principal Place of Business: 21
2a. Mailing Address: 26 P.O. Box 265
Suite, Apt. #, etc.: 27
City & State: 28 Stuart, FL
Zip: 24 34995 Country: 25 Country: 29 30 Martin

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

9. Name and Address of Current Registered Agent
CHERRY, RICHARD G
1665 PALM BEACH LAKES BLVD.
SUITE 600
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: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE: D DELETE
NAME: RALICKI, JEANNE P
STREET ADDRESS: 729 COLORADO AVE.
CITY-ST-ZIP: STUART FL 34995
TITLE: D DELETE
NAME: ROBY, MILDRED
STREET ADDRESS: 4073 S.E. FAIRWAY EAST
CITY-ST-ZIP: STUART FL 34997
TITLE: D DELETE
NAME: PITTINGER, FR. THOMAS T
STREET ADDRESS: 3222 S.E. COURT DRIVE
CITY-ST-ZIP: STUART FL 34997
TITLE: D DELETE
NAME: CATRAMBONE, JOSEPH
STREET ADDRESS: W. CRANE CREEK AVE.
CITY-ST-ZIP: PALM CITY FL 34957
TITLE: D DELETE
NAME: FAY, VIRGINIA
STREET ADDRESS: 1925 N.E. RIVER COURT
CITY-ST-ZIP: JENSEN BEACH FL 34957

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: Director Change Addition
1.2 NAME: Dieder Lucido
1.3 STREET ADDRESS: 7 NE Quail Run Lane
1.4 CITY-ST-ZIP: Sewalls Point, FL 34996
2.1 TITLE: Secretary Change Addition
2.2 NAME: Virginia Foy
2.3 STREET ADDRESS: 1925 NE River Court
2.4 CITY-ST-ZIP: Jensen Beach, FL 34957
3.1 TITLE: President Change Addition
3.2 NAME: Jeanne Ralicki
3.3 STREET ADDRESS: 729 Colorado Ave
3.4 CITY-ST-ZIP: Stuart, FL 34995
4.1 TITLE: Change Addition
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY-ST-ZIP:
5.1 TITLE: Change Addition
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY-ST-ZIP:
6.1 TITLE: Change Addition
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

2/9/97
Date: _____ Daytime Phone #: 0072015

CR2037 (9/96)