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Mar 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
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 PO BOX 265
P.O. BOX 2025 STUART FL 34995
STUART FL 34995 US

3. Date Incorporated or Qualified
03/29/1995
4. FEI Number
65-0570899
Applied For
Not Applicable

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

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
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 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 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RALICKI, JEANNE P	1.2 NAME	Mildred Roby
STREET ADDRESS	729 COLORADO AVE.	1.3 STREET ADDRESS	4073 SE Fairway East
CITY-ST-ZIP	STUART FL 34995	1.4 CITY-ST-ZIP	Stuart, FL 34997
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOY, VIRGINIA	2.2 NAME	Thomas P. Henger
STREET ADDRESS	1925 NE RIVER COURT	2.3 STREET ADDRESS	3222 SE Court Drive
CITY-ST-ZIP	JENSEN BCH FL	2.4 CITY-ST-ZIP	Stuart, FL 34997
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RALICKI, JEANNE	3.2 NAME	Jeffrey Ralicki
STREET ADDRESS	729 COLORADO AVE	3.3 STREET ADDRESS	7460 SE Concord Place
CITY-ST-ZIP	STUART FL	3.4 CITY-ST-ZIP	Hobe Sound, FL 33455
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CATRAMBONE, JOSEPH	4.2 NAME	
STREET ADDRESS	W. CRANE CREEK AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL 34957	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAY, VIRGINIA	5.2 NAME	
STREET ADDRESS	1925 N.E. RIVER COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH FL 34957	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCIDA, DIEDRE	6.2 NAME	
STREET ADDRESS	7 NE QUAIL RUN LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	SEWALLS POINT FL	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: *Jeffrey Ralicki* 11/6/97 501-220-3429

CFR2E037 (10/97)