

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90046 037 ****61.25

0075596

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000001501

1. Corporation Name
TYKES AND TEENS, INC.

Principal Place of Business

729 COLORADO AVENUE
P.O. BOX 2025
STUART FL 34996

Mailing Address

PO BOX 265
STUART FL 34995
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/29/1995

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0570899

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHERRY, RICHARD G
1665 PALM BEACH LAKES BLVD.
SUITE 600
W PALM BEACH FL 33401

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 ROBY, MILDRED
STREET ADDRESS 4073 SE FAIRWAY EAST
CITY-ST-ZIP STUART FL 34997

1.1 TITLE Director [] Change [x] Addition
1.2 NAME Janet Schaeffer
1.3 STREET ADDRESS 107 NE 4th Street
1.4 CITY-ST-ZIP Okechobee, FL 34972

TITLE S [] DELETE
NAME FOY, VIRGINIA
STREET ADDRESS 1925 NE RIVER COURT
CITY-ST-ZIP JENSEN BCH FL

2.1 TITLE Director [] Change [x] Addition
2.2 NAME Ron Snook
2.3 STREET ADDRESS 110 S.W. Manning Rd. #4
2.4 CITY-ST-ZIP Stuart, FL 34994

TITLE P [] DELETE
NAME RALICKI, JEANNE
STREET ADDRESS 729 COLORADO AVE
CITY-ST-ZIP STUART FL

3.1 TITLE [] Change [] Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D [x] DELETE
NAME CATRAMBONE, JOSEPH
STREET ADDRESS W. CRANE CREEK AVE.
CITY-ST-ZIP PALM CITY FL 34957

4.1 TITLE [] Change [] Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D [] DELETE
NAME PIHNGER, THOMAS
STREET ADDRESS 3222 S.E. COURT DR
CITY-ST-ZIP STUART FL 34997

5.1 TITLE [] Change [] Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D [] DELETE
NAME LUCIDA, DIEDRE
STREET ADDRESS 7 NE QUAIL RUN LANE
CITY-ST-ZIP SEWALLS POINT FL

6.1 TITLE [] Change [] Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/99

561-220-3439

Date Daytime Phone #

CR2E037 (11/98)