

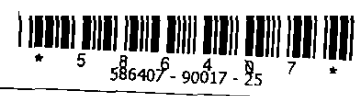
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May 10, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000005167

1. Corporation Name
WE ARE THE CHILDREN INC.



Principal Place of Business 2669 FOREST HILL BLVD. SUITE 212 LAKESHORE PLAZA WEST PALM BEACH FL 33408	Mailing Address 2669 FOREST HILL BLVD. SUITE 212 LAKESHORE PLAZA WEST PALM BEACH FL 33408
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21. Principal Place of Business 415 AVENUE A	22. Mailing Address 415 AVENUE A	3. Date Incorporated or Qualified 09/04/1998
22. Suite, Apt. #, etc. 204	27. Suite, Apt. #, etc. 204	4. FEI Number 65-0856844
23. City & State FT. PIERCE, FL	28. City & State FT. PIERCE, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip 34950	29. Zip 34950	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent FORREST, ROBERT W 121S LAKE AVE #103 LAKE WORTH FL 33460	18. Name and Address of New Registered Agent 81 Name FORREST ROBERT Wm 82 Street Address (P.O. Box Number is Not Acceptable) 415 AVE "A" 83 SUITE 204 84 City FT. PIERCE FL 85 Zip Code 34950
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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 617.0509, Florida Statutes.

SIGNATURE Robert Wm Forrest DATE 5/10/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE	1.1 TITLE	1.1 TITLE (D)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1.2 NAME	1.2 NAME ROBERT FORREST	
STREET ADDRESS	1.3 STREET ADDRESS	1.3 STREET ADDRESS 415 AVE A, 204	
CITY-ST-ZIP	1.4 CITY-ST-ZIP	1.4 CITY-ST-ZIP FT PIERCE, FL 34950	
TITLE <input type="checkbox"/> DELETE	2.1 TITLE	2.1 TITLE (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2.2 NAME	2.2 NAME ROBERT GRANDCHAMP	
STREET ADDRESS	2.3 STREET ADDRESS	2.3 STREET ADDRESS 311 VISCAYA	
CITY-ST-ZIP	2.4 CITY-ST-ZIP	2.4 CITY-ST-ZIP CORAL GABLES, FL 33133	
TITLE <input type="checkbox"/> DELETE	3.1 TITLE	3.1 TITLE (T)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3.2 NAME	3.2 NAME RICHARD GARVINE	
STREET ADDRESS	3.3 STREET ADDRESS	3.3 STREET ADDRESS 8770 KENDALL DR	
CITY-ST-ZIP	3.4 CITY-ST-ZIP	3.4 CITY-ST-ZIP MIA, FL 33166	
TITLE <input type="checkbox"/> DELETE	4.1 TITLE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4.2 NAME	4.2 NAME	
STREET ADDRESS	4.3 STREET ADDRESS	4.3 STREET ADDRESS	
CITY-ST-ZIP	4.4 CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	5.1 TITLE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5.2 NAME	5.2 NAME	
STREET ADDRESS	5.3 STREET ADDRESS	5.3 STREET ADDRESS	
CITY-ST-ZIP	5.4 CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	6.1 TITLE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6.2 NAME	6.2 NAME	
STREET ADDRESS	6.3 STREET ADDRESS	6.3 STREET ADDRESS	
CITY-ST-ZIP	6.4 CITY-ST-ZIP	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 as 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 as an attachment with an address, with all officers empowered.

SIGNATURE: Robert Wm Forrest DATE 5/10/99 1-561-
 REGISTERED AGENT TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 466-0366

CR2E037 (11/98)