## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700003847 (5)

A CHILDREN'S HOUSE OF SARASOTA, INC.

## FILED Apr 27 1998 8:00am Secretary of State

941-927.888

4-20-98

0.411-0		M.C. Adam			
Principal Place of Business Mailing Address			PA Box &	2034	
2719 CONSTITUTION BLVD SARASOTA FL 34231		-2719 CONSTITUTION BLVD SARASOTA FL-94201	P.O.BOX 203 34276	~~ 76	
		0707%		55775777777	
				<ol> <li>Date Incorporated or Qualified</li> <li>01/14/1997</li> </ol>	
2. Principal Pi	lace of Business	2a. Mailing Address	•	4. FEI Number	Applied For
21 27/90	ONSTITUTION BL	26 P.O. BOX 20:	776	59-2552969	Not Applicable
Suite, Apt.		Suite, Ap1. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 SARI	ASOTA FL	City & State	FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the curre	
24 3423		29 34276 3	¬ c /L		Yes No
	9. Name and Address of Current		<u> </u>	10. Name and Address of New Registered A	gent
FEIGIN, MARI					
2719 CONSTITUTION BLVD SARASOTA FL 34231			82 Street A	Address (P.O. Box Number is Not Acceptable)	<del> </del>
			<b>32</b> 3(188)	Notices (F.O. Dox Harrison is Not Neceptable)	
			83		
			84 City		85 Zip Code
44 Purcuant	to the provisions of Sections 607 0602	and 607 1509 Florida Statutos	the cove period	Carparation submits this statement for the purpose of	shanging its registered
office or r	egistered agent, or both, in the State of	of Florida, Such change was aut	horized by the corp	corporation submits this statement for the purpose of oration's board of directors. I hereby accept the appo	changing its registered intment as registered
agent. i a	m familiar with, and accept the obligat	ions of, Section 607.0505, Florid	da Stalutes.		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (AKOTE E	Registered Agent signature	required when reinstating) DATE	<del></del>
12.	OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	O	☐ DELETE	1.1 TITLE	the state of the s	☐ Change ☐ Addition
NAME	FEIGIN, MARI		1.2 NAME		_ • _
STREET ADDRESS	2719 CONSTITUTION BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34231		1.4 CITY-ST-ZIP		
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY - ST - ZIP			2. 4 CITY-ST-ZIP		
TOTLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	I	☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		- Printer	54 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE	· ·	Change Addition
NAME			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	and it that the information as and it of the	a thin filmer class and as will be the	6.4 CITY-ST-ZIP	d in Caption 110 07/9V/). Eladeda Ctatutan I funti an ann	tife that the information
indicated	on this annual report or supplemental	annual report is true and accura	ate and that my sigi	d in Section 119.07(3)(i), Florida Statutes. I further cer nature shall have the same legal effect as if made und	ler oath; that I am an
officer or o Block 12 o	director of the corporation of the recei- or Block 13 if changed, or on an attact	ver or trustee empowered to exempt with an address.	ecute this report as	required by Chapter 607, Florida Statutes; and that m	y name appears in