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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

441332

(4)

THE CHILDREN'S CASTLE, INC.

Principal Place of Business	Mailing Address	
6611 MOSLEY STREET	6611 MOSLEY STREET	
HOLLYWOOD FL 33024	HOLLYWOOD FL 33024	



						3. Date incorporated or Qualified 12/05/1973	3a. Date of 04	Last Re <b>/04/19</b>	•
<ol> <li>Principal Plac</li> </ol>	e of Business	2a. Mailing Addres	s			4. FEI Number	<u> </u>	17/	Applied For
1		26				59-1517548		1	Not Applicable
Suite, Apt. #,	elc.	Suite, Apt. #, e	itc.			5. Certificate of Status Desired			Additional Required
Orty & State		City & State	h1 '			Election Campaign Financing     Trust Fund Contribution			May Be
.1 Ζω	Country	Zip	7 7	Country		B. This corporation has liability for	intangible tax u		
	25	29	30	•			□ No		
J	9. Name and Address of Currer		15.1	T		10. Name and Address of New R	Registered Ag	ent	
		The state of the s	- Park Arthur Lands America	81	Name				
EIGHBAI	CK, ETHEL								
				82	Street Add	ress (P.O. Box Number is Not Acceptab	ole)		
	ranada Blyd. E Fl 32741			83					
MISSIME	E FL 32/41			"					
•				84	City		<b></b>	85 Zıç	Code
					l	oration submits this statement for the pur	FL		
SIGNATURE	, and accept the obligations of, Sec			terad Agur	nt signature require	ed when reinstating)	DATE		
2. ·	The second secon	ND DIRECTORS		 13.		ADDITIONS/CHANGES TO OFF	ICERS AND D	RECTO	RS IN 12
-LE	PD	☐ DELFT		I. 1 TIFLE				Change	Addition
AMi:	FISHBACK, ETHEL			1.2 NAME			_	-	_
BCE! ADDRESS	1901 GRANADA BLVD.				ADDRESS				
"> \$1 ZIP	KISSIMMEE FL			1.4 CITY - 5					
LE CONTRACTOR	D	DELET		2 1 TITLE	71-711			Change	Addition
IME .	HORTON, JUNE			2 NAME					
THEFT ADDRESS	1750 GRANADA				ADDRESS				
TY-SE ZIP	KISSIMMEE FL								
Tuf	D TOOMINGE TE	DELET		2 4 CITY - S 3 1 THILE	SI-ZIP			Change	☐ Addition
	•						П		
SAME	MARCHIS CARCI						. 🗆	Change	
1	MARQUIS, CAROL	ND		3.2 NAME	T ADDRESS		. 🗆	charge	
HEET ADORESS	1544 CYPRESS WOODS C	AR .	:	3.2 NAME 3.3 STREE	T ADDRESS		. 🗆	Mange	
THEET ADORESS	1544 CYPRESS WOODS C ST CLOUD FL		3	3.2 NAME 3.3 STREE 3.4 CHTY-S					☐ Addition
THEET ADORESS  TY-ST-ZIP	1544 CYPRESS WOODS C ST CLOUD FL ST	XIR □ DELET		3.2 NAME 3.3 STREE 3.4 CHTY-S 4.1 THE				Change	☐ Addition
REET ADORESS ITY-ST-ZIP ITE MX:	1544 CYPRESS WOODS C ST CLOUD FL ST APY, BONNIE			3.2 NAME 3.3 STREE 3.4 CHTY-S 4.1 TITLE 4.2 NAME	ST - ZIP				☐ Addition
HEET ADDRESS TY-ST-ZIP THE TM: THEFT ADDRESS	1544 CYPRESS WOODS C ST CLOUD FL ST APY, BONNIE 1034 NW 184 WAY			3.2 NAME 3.3 STREE 3.4 CHTY-S 4.1 TITLE 4.2 NAME 4.3 STREET	ST-ZIP				☐ Addition
HEET ADDRESS HY-ST-ZIP T.E WM: HEET ADDRESS HY-ST-ZIP	1544 CYPRESS WOODS C ST CLOUD FL ST APY, BONNIE 1034 NW 184 WAY PEMBROKE PINES FL	☐ DELET		3.2 NAME 3.3 STREE 3.4 CHY-S 4.1 Title 4.2 NAME 4.3 STREET 4.4 CHY-S	ST-ZIP			Change	
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THE LEADORESS HIT - ST - ZIP	1544 CYPRESS WOODS C ST CLOUD FL ST APY, BONNIE 1034 NW 184 WAY PEMBROKE PINES FL D HAMANN, SUSAN	☐ DELEI	E .	3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 5.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S 5.4 CITY-S	I ADDRESS SI-ZIP			Change Change	☐ Addition
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IAME STREET ADDRESS DITY-ST-7P ALE AAM: STREET ADDRESS DITY-ST-7P IDEF AAMS STREET ADDRESS DITY-ST-7P IDEF AAMS STREET ADDRESS DITY-ST-7P IDEF AAMS	1544 CYPRESS WOODS C ST CLOUD FL ST APY, BONNIE 1034 NW 184 WAY PEMBROKE PINES FL D HAMANN, SUSAN 2850 PAMPAS COURT	☐ DELEI	E !	3.2 NAME 3.3 STREE 3.4 CHY-S 4.1 TITLE 4.2 NAME 4.3 STREE 5.4 CHY-S 5.7 THE 5.2 NAME 5.3 STREE 6.4 CHY-S 6.1 THE 6.2 NAME	ST-ZIP  I ADDRESS ST-ZIP  I ADDRESS ST-ZIP			Change Change	Addition Addition
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14. For hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 607, Florida Statutes: and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** 

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

966-6811