FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

	1996	DIVISION	OF CORPORATIONS			
 Corpora 	UMENT # 64930 IILDREN'S REVIEW PUBLISHI	(-)				
Principal Place of Business Mailing Address 1355 W PALMETTO P. O. BOX 2238 101 BOCA RATON FL 33433 US US			33427		14	
2. Principal	Place of Business			3. Erate Incorporated or Qualified 12/26/1979	3a. Date 08/ 33/ 3995	
Suite, Ap		2a. Mailing Address		4. Fal Number 1973393	Applied For	
22		Suite, Apt. #, etc.		5. Certificate of Status Desired	Not Applicable \$8.75 Additional	
City & Sta	ate	City & State		6. Election Campaign Financing	Fee Required	
Zip 24	Country 25	Zip	Country 30	Trust Fund Contribution 8. This corporation has liability for in	Added to Fees ntangible tax under s 199.032,	
<u></u>	9. Name and Address of Current	Registered Agent	30	Florida Statutes Yes 10. Name and Address of New Re	[] No	
1355 BOC/	LDEN, RICHARD W. PALMETTO PARK A RATON FL 33486 to the provisions of Sections 607.0502 a red agent, or both, in the State of Florida	and 607.1508, Florida Statute	83 84 City	Address (P.O. Box Number is Not Acceptable poration submits this statement for the purpoper of directors. I hereby accept the appointment of the purpoper of directors.	85 Zip Code	
SIGNATURE	ith, and accept the obligations of, Section Structure, typed or printed name of registered agent or	- Control Cont		, , , , , ,	ose of changing its registered office intment as registered agent. I am	
	PD OFFICERS AND DIRECTORS 13.					
Title Name Street address	GAULDEN, RICHARD 1355 W. PALMETTO PK	DELETE	1. 1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12 Change Addition	
CITY-ST-ZIP TITLE	BOCA RATON FL		1.3 STREET ADDRESS 1.4 City-St-Zip			
NAME STREET ADDRESS CITY-ST-ZIP		DELETE	2 1 TITLE 22 NAME 23 STREET ADDRESS		Change Addition	
TITLE MAME STREET ADDRESS CITY+ST-ZIP		☐ DELETE	2 4 CITY - ST - 71P 3 1 HITE 3 2 NAME 3 3 STREET ADDRESS		☐ Charge ☐ Addition	
TIFLE NAME STREET ADDRESS		DELETE	34 CITY+ST-ZIP 4.1 TITLE 42 NAME		Change Addition	
CITY-ST-ZIP THILE NAME		DELETE	4.3 STREET ADDRESS 4.4 City - S1 - ZIP 5.1 Title		☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIF TITLE		DELETE	5.2 NAME 5.3 STREET ADDRESS 5.4 City-St-7iP		_	
NAME STREET ADDRESS CITY-ST-ZIP		□ nereis	6 1 TITLE 62 NAME 63 STHEET ADDRESS		☐ Change ☐ Addition	
4.4			64 City et 200			

64 City - \$1-2ip

1 do 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 cath; 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 3 if changed, or on an attachment with an address.

GNATURE:

SMATURE AND SECOND STATUTES AND SECOND STATUT

SIGNATURE:

4-13-96 4073684021