


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

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90039 050 ***150.00

0347029

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
----------------------------------------------------	-----------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------

DOCUMENT # 649304

1. Corporation Name
CHILDREN'S REVIEW PUBLISHERS COMPANY



Principal Place of Business 27 CAPITAL CT DEERFIELD BCH FL 33442 US	Mailing Address P. O. BOX 2238 BOCA RATON FL 33427 US
------------------------------------------------------------------------------	----------------------------------------------------------------

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/26/1979

21. Principal Place of Business 27 CAPITON CT	2a. Mailing Address 27 CAPITON CT
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State DEERFIELD Bch FL	28. City & State DEERFIELD Bch FL
24. Zip 33442 Country U.S.A	29. Zip 33442 Country U.S.A

4. FEI Number **59-1973393** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

GAULDEN, RICHARD
1355 W. PALMETTO PARK
BOCA RATON FL 33486

10. Name and Address of New Registered Agent

81 Name **GAULDEN, RICHARD**

82 Street Address (P.O. Box Number is Not Acceptable)
27 CAPITON CT

83

84 City **DEERFIELD Bch** FL 85 Zip Code **33442**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Richard Gaulden* **Richard Gaulden - President** **Feb 12/99**
 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD <input type="checkbox"/> DELETE
NAME	GAULDEN, RICHARD
STREET ADDRESS	27 CAPITAL CT
CITY-ST-ZIP	DEERFIELD Bch FL 33442
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GAULDEN, RICHARD
1.3 STREET ADDRESS	27 CAPITAL CT
1.4 CITY-ST-ZIP	DEERFIELD Bch FL 33442
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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: *Richard Gaulden* **RICHARD GAULDEN** **PRESIDENT** **Feb 12/99** **954 -**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (1.1/98)