

FILE NOW: FILING FEE IS \$61.25

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Mar 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **716107** (8)

1. Corporation Name

**CHILDREN'S BUILDING, INC.**



Principal Place of Business <b>3600 BROADWAY WEST PALM BEACH FL 33407-4844</b>	Mailing Address <b>3600 BROADWAY WEST PALM BEACH FL 33407-4844</b>
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2. Principal Place of Business <b>21 2100 45th Street</b> Suite, Apt. #, etc.		2a. Mailing Address <b>26 2100 45th Street</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>02/25/1969</b>	3a. Date of Last Report <b>04/15/1996</b>
22 City & State <b>23 West Palm Beach, Fl.</b>		27 City & State <b>28 West Palm Beach, Fl.</b>		4. FEI Number <b>59-1764277</b>	Applied For Not Applicable
24 Zip <b>33407-2009</b>		29 Zip <b>33407-2009</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
25 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>METCALF, ALLISON F 3600 BROADWAY WEST PALM BEACH FL 33407</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	<b>FL</b> 85 Zip Code

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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	<b>CD BERRYMAN, JANICE</b>	<b>3245 BELVEDERE RD.</b>	<b>WEST PALM BEACH FL 33406</b>	<input type="checkbox"/> DELETE			
	<b>VD GULISANO, FRANK J</b>	<b>200 W. PALMETTO PARK RD. #301</b>	<b>BOCA RATON FL 33432</b>	<input type="checkbox"/> DELETE			
	<b>SD HALMOS, VICKI K</b>	<b>315 CLARKE AVE.</b>	<b>PALM BEACH FL 33480</b>	<input type="checkbox"/> DELETE			
	<b>TD RUSH, BARNEY S</b>	<b>1601 FORUM PLACE</b>	<b>WEST PALM BEACH FL 33401</b>	<input type="checkbox"/> DELETE			
	<b>VTD PATTEN, JOHN</b>	<b>1515 S.W. 22 AVE. CIRCLE</b>	<b>BOCA RATON FL 33486</b>	<input checked="" type="checkbox"/> DELETE			
				<input type="checkbox"/> DELETE			

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>CD ALEXANDER, DOUGLAS II</b>	<b>2499 WINDSOR WAY CT.</b>	<b>WELLINGTON, FLORIDA 33414</b>	
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>TD NEWMAN, IRWIN J.</b>	<b>1515 S.W. 22 AVENUE CIRCLE</b>	<b>BOCA RATON, FLORIDA 33486</b>	
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Frank Gulisano 3/14/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)