

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 12 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</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>2100 45TH STREET WEST PALM BEACH FL 33407-2009 US</b>	Mailing Address <b>2100 45TH STREET WEST PALM BEACH FL 33407-2009 US</b>
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3. Date Incorporated or Qualified  
**02/25/1969**

4. FEI Number  
**59-1764277**

Applied For	Not Applicable
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26</b> Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip Country <b>25</b>	29 Zip Country <b>30</b>

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

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

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**METCALF, ALLISON F  
3600 BROADWAY  
WEST PALM BEACH FL 33407**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable) <b>2100 45th Street</b>	83	84 City <b>West Palm Beach</b>	85 Zip Code <b>FL 33407</b>
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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	<b>CD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALEXANDER, DOUGLAS I</b>	1.2 NAME	
STREET ADDRESS	<b>2499 WINDSOR WAY CT.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WELLINGTON FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GULISANO, FRANK J</b>	2.2 NAME	
STREET ADDRESS	<b>200 W. PALMETTO PARK RD. #301</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL 33432</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>S/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HALMOS, VICKI K</b>	3.2 NAME	<b>FICK, RONALD</b>
STREET ADDRESS	<b>315 CLARKE AVE.</b>	3.3 STREET ADDRESS	<b>230 SEASPRAY AVENUE</b>
CITY-ST-ZIP	<b>PALM BEACH FL 33480</b>	3.4 CITY-ST-ZIP	<b>PALM BEACH, FL. 33480</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NEWMAN, IRWIN J</b>	4.2 NAME	
STREET ADDRESS	<b>1515 S.W. 22 AVE. CIR.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_

CR2E037 (10/97)