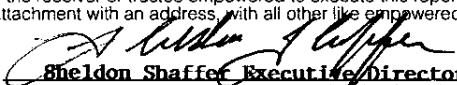


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90001 021 ****70.00

DOCUMENT # 717398					
1. Entity Name THE-STARTING PLACE, INC.					
Principal Place of Business 2057 COOLIDGE STREET HOLLYWOOD FL 33020			Mailing Address 2057 COOLIDGE STREET HOLLYWOOD FL 33020		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 23-7047895				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent STRAUSS, LYNN MS 17280 NE 19TH AVE. N. MIAMI FL 33162			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
				Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STRAUSS, LYNN 17280 NE 19TH AVE. MIAMI FL 33162 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LUMB, MICHAEL 410 SOUTH PARK RD. HOLLYWOOD FL 33021 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Ms. Gisele Pollack, Esq. 9343 N. W. 10th. Street Plantation, FL 33332 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAFFER, SHELDON 1000 N. NORTH LAKE DR. HOLLYWOOD FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASALE, MARK 841 CYPRESS PT DR. E. PEMBROKE PINES FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LESSARD, MARGE 243 SW 15TH STREET DANIA FL 33004 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  Sheldon Shaffer Executive Director		1/21/04		954-926-6932	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	