FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
'95 APR -4 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 747926 (4)

1. Corporation Name
THE CHILDREN'S PLACE AND CONNOR'S NURSERY, INC.

Principal Place of Business	Mailing Address
2309 PONCE DE LEON AVENUE WEST PALM BEACH FL 33407	2309 PONCE DE LEON AVENUE WEST PALM BEACH FL 33407

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/29/1979
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1935485 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

DEVLIN, THOMAS C.
222 LAKEVIEW AVE., STE. 1100
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

31 Name: Bregman, Howard
32 Street Address (P.O. Box Number is Not Acceptable): Greenberg, Traurig, et al
33: 777 S. Flagler Drive, Ste 310-E
34 City: West Palm Beach FL 35 Zip Code: 33401

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: [signature] 3/23/95
(Signature, typed or printed name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	T	☒ Change ☐ Addition
NAME	DEVLIN, THOMAS C.	1.2 NAME	Devlin, Thomas C.	
STREET ADDRESS	222 LAKEVIEW AVE., #1100	1.3 STREET ADDRESS	222 Lakeview Ave. #1100	
CITY-ST-ZIP	W PALM BCH FL	1.4 CITY-ST-ZIP	W. Palm Beach, Florida 33401	
TITLE	D	2.1 TITLE	P	☐ Change ☒ Addition
NAME	DERITA, THOMAS JR	2.2 NAME	Bregman, Howard	
STREET ADDRESS	5770 WHIRLAWAY ROAD	2.3 STREET ADDRESS	777 S. Flagler Drive, Ste 310-E	
CITY-ST-ZIP	PALM BEACH GARDENS FL	2.4 CITY-ST-ZIP	West Palm Beach FL 33401	
TITLE	DVP	3.1 TITLE	D	☐ Change ☒ Addition
NAME	UNRUH, PATTI	3.2 NAME	August, Jerry - August and Comiter, P.A.	
STREET ADDRESS	1489 N MILITARY TRAIL	3.3 STREET ADDRESS	250 Australian Avenue South - Suite 1100	
CITY-ST-ZIP	W PALM BCH. FL	3.4 CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	DVP	4.1 TITLE	D	☒ Change ☐ Addition
NAME	GREGERSON, SONIA	4.2 NAME	Gregerson, Sonia	
STREET ADDRESS	915 S DIXIE HWY	4.3 STREET ADDRESS	915 S. Dixie Hwy	
CITY-ST-ZIP	W PALM BCH. FL	4.4 CITY-ST-ZIP	W. Palm Beach, FL	
TITLE	DP	5.1 TITLE	D	☒ Change ☐ Addition
NAME	SPOONER, MARY BAINE	5.2 NAME	Spooner, Mary Baine	
STREET ADDRESS	4 GUILLARD COURT	5.3 STREET ADDRESS	4 Guillard Court	
CITY-ST-ZIP	PALM BCH GARDENS FL	5.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33418	
TITLE	D	6.1 TITLE	VP	☐ Change ☒ Addition
NAME	MOERINGS, MARSHA	6.2 NAME	Koepnick, Jim	
STREET ADDRESS	2329 PROSPERITY BAY COURT	6.3 STREET ADDRESS	2640 Hope Lane	
CITY-ST-ZIP	PALM BEACH GARDENS FL	6.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410	

14. I 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)(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: Mary B. Spooner Mary B. Spooner 3-30-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

COMTAR