

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 747926 (4)

1. Corporation Name

THE CHILDREN'S PLACE AND CONNOR'S NURSERY, INC.

Principal Place of Business

**2309 PONCE DE LEON AVENUE
WEST PALM BEACH FL 33407**

Mailing Address

**2309 PONCE DE LEON AVENUE
WEST PALM BEACH FL 33407**



61.25
+ 8.75
70.00

3. Date Incorporated or Qualified
06/29/1979

3a. Date of Last Report
04/04/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BREGLIN, HOWARD
GREENBERG, TRAUNG, ET. AL
777 S. FLAGLER DRIVE, STE. 310-E
WEST PALM BEACH FL 33401**

81 Name

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

83

84 City

FL

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when filing statement)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

T

☐ DELETE

NAME

**DEVLIN, THOMAS C.
222 LAKEVIEW AVE., #1100
W PALM BCH FL**

STREET ADDRESS

CITY-ST-ZIP

TITLE

P

☐ DELETE

NAME

**BREGMAN, HOWARD
777 S. FLAGLER DRIVE, STE. 310-E
WEST PALM BEACH FL**

STREET ADDRESS

CITY-ST-ZIP

TITLE

D

☐ DELETE

NAME

**AUGUST, JERRY
250 AUSTRALIAN AVENUE SOUTH, STE. 1100
W PALM BCH. FL**

STREET ADDRESS

CITY-ST-ZIP

TITLE

D

☐ DELETE

NAME

**GREGERSON, SONIA
915 S. DIXIE HWY.
W PALM BCH. FL**

STREET ADDRESS

CITY-ST-ZIP

TITLE

D

☐ DELETE

NAME

**SPOONER, MARY BAINE
4 GUILLARD COURT
PALM BCH GARDENS FL**

STREET ADDRESS

CITY-ST-ZIP

TITLE

VP

☐ DELETE

NAME

**KOPENICK, JIM
2640 HOPE LANE
PALM BEACH GARDENS FL**

STREET ADDRESS

CITY-ST-ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☒ Change of Address ☐ Addition

**Rice Waterhouse - 1 East Broward Blvd Suite 1700
Ft. Lauderdale, Florida 33301**

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)