


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		 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	
2. Principal Place of Business 21 Sulte, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Sulte, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified 06/29/1979			
4. FEI Number 59-1935485			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No			
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent BREGLIN, HOWARD GREENBERG, TRAUNG, ET. AL 777 S. FLAGLER DRIVE, STE. 310-E WEST PALM BEACH FL 33401		10. Name and Address of New Registered Agent 81 Name Pierson, Gloria 82 Street Address (P.O. Box Number is Not Acceptable) 2220 SW 11th place 83 84 City Boca Raton FL 85 Zip Code 33486	
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 <i>Gloria Pierson</i> Gloria Pierson President Board of Directors, 7-22-98 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD <input type="checkbox"/> DELETE NAME LANDRY, MICHAEL STREET ADDRESS 629 FLAMINGO DR CITY-ST-ZIP FT LAUDERDALE FL		1.1 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE T <input type="checkbox"/> DELETE NAME OSTROFF, MICHAEL STREET ADDRESS 7108 FAIRWAY DR STE 235 CITY-ST-ZIP PALM BCH GRDNS FL		2.1 TITLE SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE NAME PIERSON, GLORIA STREET ADDRESS 2220 SW 11TH PLACE CITY-ST-ZIP BOCA RATON FL		3.1 TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE NAME BIDEAU, LYNDA STREET ADDRESS 19 DUNBAR RD CITY-ST-ZIP PALM BCH GRDNS FL		4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 70 Dunbar Rd 4.4 CITY-ST-ZIP	
TITLE D <input checked="" type="checkbox"/> DELETE NAME KOEPNICK, JIM STREET ADDRESS 2840 HOPE LANE CITY-ST-ZIP PALM BCH GRDNS FL		5.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME James, Elaine 5.3 STREET ADDRESS 1645 Palm Beach Lakes Blvd, Ste 1200 5.4 CITY-ST-ZIP West Palm Beach, FL 33401	
TITLE D <input checked="" type="checkbox"/> DELETE NAME BREGMAN, HOWARD STREET ADDRESS 777 S FLAGLER DR STE 310-E CITY-ST-ZIP W PALM BCH FL		6.1 TITLE VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6.2 NAME John Mulhall III 6.3 STREET ADDRESS 2600 N. Military Tr, 4th Fl 6.4 CITY-ST-ZIP Boca Raton FL 33431	
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: <i>Gloria Pierson</i> Gloria Pierson President Board of Directors 7-22-98 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

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CR2E037 (5/98)