

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 15, 1999 8:00 am
Secretary of State

05-15-1999 90023 029 ****61.25

DOCUMENT # 747926

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 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

06/29/1979

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

9. Name and Address of Current Registered Agent

PIERSON, GLORIA
2220 S W 11TH PLACE
777 S. FLAGLER DRIVE, STE. 310-E
BOCA RATON FL 33486

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **LANDRY, MICHAEL**
STREET ADDRESS **629 FLAMINGO DR**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **SD** ☐ DELETE
NAME **OSTROFF, MICHAEL**
STREET ADDRESS **7108 FAIRWAY DR STE 235**
CITY-ST-ZIP **PALM BCH GRDNS FL**

TITLE **PD** ☐ DELETE
NAME **PIERSON, GLORIA**
STREET ADDRESS **2220 SW 11TH PLACE**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **D** ☐ DELETE
NAME **BIDEAU, LYNDA**
STREET ADDRESS **70 DUNBAR ROAD**
CITY-ST-ZIP **PALM BCH GRDNS FL**

TITLE **D** ☐ DELETE
NAME **JAMES, ELAINE**
STREET ADDRESS **1645 PALM BEACH LAKES BLVD, STE 1200**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **VD** ☐ DELETE
NAME **MULHALL, III JOHN**
STREET ADDRESS **2600 N MILITARY TRL, 4TH FL**
CITY-ST-ZIP **BOCA RATON FL 33431**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

GLORIA PIERSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/6/99
Date

561-832-4786
Daytime Phone #

CR2E037 (1/98)