


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Aug 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **755411** (6)

1. Corporation Name

**THE CHILDRENS CONSORTIUM, INC.**

Principal Place of Business <b>840 S.W. 81ST AVE. NORTH LAUDERDALE FL 33068 US</b>	Mailing Address <b>840 S.W. 81ST AVE. NORTH LAUDERDALE FL 33068 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country		3. Date Incorporated or Qualified <b>12/05/1980</b>		3a. Date of Last Report <b>02/07/1996</b>	
4. FEI Number <b>59-2304134</b>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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 <b>WEINSTEIN, BARBARA 840 S.W. 81ST AVE. NORTH LAUDERDALE FL 33068</b>				10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number Is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code			
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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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<b>President P</b>	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>WEINSTEIN, BARBARA</b>			1.2 NAME	<b>Kathryn Pexar,</b>		
STREET ADDRESS	<b>840 S.W. 81ST AVE.</b>			1.3 STREET ADDRESS	<b>401 NE Fourth St</b>		
CITY-ST-ZIP	<b>NORTH LAUDERDALE FL</b>			1.4 CITY-ST-ZIP	<b>Fort Lauderdale, FL 33301</b>		
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<b>Treasurer TD</b>	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>GENT, KATHLEEN</b>			2.2 NAME	<b>Donna Faranda</b>		
STREET ADDRESS	<b>401 N.E. 4TH ST.</b>			2.3 STREET ADDRESS	<b>1290 Weston Rd</b>		
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>			2.4 CITY-ST-ZIP	<b>Fort Lauderdale, FL 33326</b>		
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<b>Vice President SD</b>	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>LEFKOW, RANDEE</b>			3.2 NAME	<b>Elaine Berkow</b>		
STREET ADDRESS	<b>1215 SE 2 AVE #101</b>			3.3 STREET ADDRESS	<b>2465 E. Commercial Blvd</b>		
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>			3.4 CITY-ST-ZIP	<b>Fort Lauderdale FL 33308</b>		
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<b>Vice President</b>	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>FREEDMAN, DAVID</b>			4.2 NAME	<b>Red Ellis</b>		
STREET ADDRESS	<b>18441 N.W. 2ND AVE.</b>			4.3 STREET ADDRESS	<b>FIU/No. Miami Campus</b>		
CITY-ST-ZIP	<b>MIAMI FL</b>			4.4 CITY-ST-ZIP	<b>North Miami, FL 33181-3612</b>		
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>MYRICK, BARBARA J</b>			5.2 NAME			
STREET ADDRESS	<b>1038 NE 4 AVE</b>			5.3 STREET ADDRESS			
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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.

Donna Faranda

SIGNATURE

*(Signature)*

SIGNATURE REQUIRED

Treasurer

22507

(21) 391-1129

CR2E037 (4/97)