
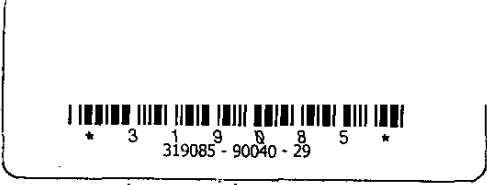


**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90196 045 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # 755411</b> 1. Corporation Name <b>THE CHILDRENS CONSORTIUM, INC.</b>		
Principal Place of Business 840 S.W. 81ST AVE. NORTH LAUDERDALE FL 33068 US	Mailing Address 840 S.W. 81ST AVE. NORTH LAUDERDALE FL 33068 US	



21 21	2a. Mailing Address 819 NE 26th Street	26 26	27 27	27	27	3. Date Incorporated or Qualified 12/05/1980	4. FEI Number 59-2304134	Applied For Not Applicable
22	City & State Ft. Lauderdale FL	28	29	29	30	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
24	33305	25	33305	30	30	5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent WEINSTEIN, BARBARA 840 S.W. 81ST AVE. NORTH LAUDERDALE FL 33068				10. Name and Address of New Registered Agent 81 Name <u>Ellyn Okrent</u> 82 Street Address (P.O. Box Number is Not Acceptable) <u>40 Kids In Distress</u> 83 <u>819 NE 26th St.</u> 84 City <u>Ft. Lauderdale</u> FL 85 Zip Code <u>33305</u>			
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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 Ellyn Okrent President Barbara Weinstein 2-3-99  
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	P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEACOCK, KATHRYN		1.2 NAME	Ellyn Okrent 40 Kids In Distress	
STREET ADDRESS	401 NE FOURTH ST		1.3 STREET ADDRESS	819 NE 26th St.	
CITY-ST-ZIP	FORT LAUDERDALE FL		1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33305	
TITLE	TD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARANDA, DONNA		2.2 NAME	Irene Butcher 40 Ymca	
STREET ADDRESS	1290 WESTON RD		2.3 STREET ADDRESS	1702 Cordova Rd.	
CITY-ST-ZIP	FT. LAUDERDALE FL		2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33316	
TITLE	VPDS	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERKOW, ELAINE		3.2 NAME	Nancy Becker 40 Broward Healthy Start	
STREET ADDRESS	2465 E COMMERCIAL BLVD		3.3 STREET ADDRESS	915 Middle River Dr.	
CITY-ST-ZIP	FT LAUDERDALE FL		3.4 CITY-ST-ZIP	Ft. Lauderdale FL 33304	
TITLE	VP	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIS, ROD		4.2 NAME	Julie Rand Jauer 40 Henderson Mental Health	
STREET ADDRESS	FIU/ NO. MIAMI CAMPUS		4.3 STREET ADDRESS	4720 N. State Road 7	
CITY-ST-ZIP	NORTH MIAMI FL		4.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33319	
TITLE	TD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYRICK, BARBARA J		5.2 NAME		
STREET ADDRESS	1038 NE 4 AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		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 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: Irene Butcher (Irene Butcher), Treasurer 1/22/99 954 832-9622 x32  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)