

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765220

FILED  
Jan 19, 2012  
Secretary of State

Entity Name: AMIKIDS PALM BEACH, INC.

**Current Principal Place of Business:**

13425 ELLISON WILSON RD  
JUNO BEACH, FL 33408

**New Principal Place of Business:**

**Current Mailing Address:**

5915 BENJAMIN CENTER DRIVE  
TAMPA, FL 33634

**New Mailing Address:**

FEI Number: 59-2237919

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HULL, DAVID J  
SMITH, HULSEYS & BUSEY  
255 WATER ST, SUITE 1800  
JACKSONVILLE, FL 32302 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: C  
Name: SARTORY, RICK L  
Address: 555 NORTHLAKE BLVD  
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: P  
Name: ANTHEIL, MICHAEL  
Address: 4556 CONCORDIA LANE  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: ST  
Name: HOLZWORTH, PETER  
Address: C/O 13425 ELLISON WILSON ROAD  
City-St-Zip: JUNO BEACH, FL 33408

Title: D  
Name: MERRIAM, JOCK  
Address: 153 OAKWOOD LANE  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D  
Name: STANDER, O.B.  
Address: 5915 BENJAMIN CENTER DRIVE  
City-St-Zip: TAMPA, FL 33634

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: O.B. STANDER

D

01/19/2012

Electronic Signature of Signing Officer or Director

Date