

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00CORPORATION
ANNUAL REPORT
1995FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # 768159 (6)**

1. Corporation Name

CHILD KEYPPERS' INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

**221 19TH AVE. N.
LAKE WORTH FL 33460-6220****221 19TH AVE. N.
LAKE WORTH FL 33460-6220**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/26/1983

3a. Date of Last Report

02/03/1994

4. FEI Number

59-2292717

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22**27**

City & State

City & State

23**28**

Zip

Country

Zip

Country

24**25****29****30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ISRAEL, GARY S.
350 ROYAL PALM WAY
SUITE 206
PALM BEACH FL 33480**

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 607.0502 and 607.1508, 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 607.0505, 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
NAME
STREET ADDRESS
CITY - ST - ZIP**PD
CURRIER, JO ANN
221 19TH AVE. N.
LAKE WORTH FL**1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**VD
SCHMITT, RONALD
5240 WIGGINS RD.
LAKE WORTH FL**2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**VD
PETERSON, WILLIAM DOS
3472 FOREST HILL BLVD.
W. PALM BEACH FL**3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**S
SMITH, JOSEPHINE
221 19TH AVENUE N.
LAKE WORTH FL**4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP**Andrew V. Currier
221 19th Ave. N.
Lake Worth, FL**☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**TD
EASTON, MARK
130 SOUTH H STREET
LAKE WORTH FL**5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP**800001883815
-07/03/96--01077--028
***61.25**☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**CS
GIESE, COLLEEN
2824 S. LAKE DR.
WEST PALM BEACH FL**6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP**Cheryl Ann Verni
5686 Ithaca Circle East
Lake Worth, FL**☒ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-96

Date

Daytime Phone #