


FILE NOW: PILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 768159					
1. Corporation Name CHILD KEYPPERS' INTERNATIONAL, INC.					
Principal Place of Business 221 19TH AVE. N. LAKE WORTH FL 33460-6220			Mailing Address 221 19TH AVE. N. LAKE WORTH FL 33460-6220		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/26/1983	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2292717	
22	City & State	27	City & State	Applied For <input type="checkbox"/> Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

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 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	PD	<input type="checkbox"/> DELETE		11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CURRIER, JO ANN			12 NAME			
STREET ADDRESS	221 19TH AVE. N.			13 STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH FL			14 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCHMITT, RONALD			22 NAME			
STREET ADDRESS	5240 WIGGINS RD.			23 STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH FL			24 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PETERSON, WILLIAM DDS			32 NAME			
STREET ADDRESS	3472 FOREST HILL BLVD.			33 STREET ADDRESS			
CITY-ST-ZIP	W. PALM BEACH FL			34 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CURRIER, ANDREW V			42 NAME			
STREET ADDRESS	221 19TH AVENUE N.			43 STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH FL			44 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	EASTON, MARK			52 NAME			
STREET ADDRESS	130 SOUTH H STREET			53 STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH FL			54 CITY-ST-ZIP			
TITLE	CS	<input type="checkbox"/> DELETE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VERNI, CHERYL			62 NAME			
STREET ADDRESS	5886 ITHACA CIRCLE EAST			63 STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH FL			64 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: *Jo Ann Currier* 4/19/99 563-7697
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0045647

CR2E037 (1/98)