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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000006218 (1)

1. Corporation Name

CHANCES FOR CHILDREN, INC.



Principal Place of Business

Mailing Address

1290 AVE OF THE AMERICAS
6TH FLOOR
NEW YORK NY 10104
US

1290 AVE OF THE AMERICAS
6TH FLOOR
NEW YORK NY 10104
US

3. Date Incorporated or Qualified

12/06/1994

4. FEI Number

13-3794960

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 850 SEVENTH AVE

26 850 SEVENTH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 606

27 SUITE 606

City & State

City & State

23 NEW YORK NY

28 NEW YORK, NY

Zip

Country

Zip

Country

24 10019

25 US

29 10019

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 D
NAME THE DUCHES OF YORK
STREET ADDRESS BUCKINGHAM PALACE, LONDON 8WA 1AA ENGLAND
CITY-ST-ZIP OUT OF COUNTRY

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME WARD, CHRISTINE
STREET ADDRESS 230 E. 75TH ST.
CITY-ST-ZIP NEW YORK NY

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME GERARD, JAMES
STREET ADDRESS 1675 BROADWAY
CITY-ST-ZIP NEW YORK NY

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME MICHAELS, JOSEPH
STREET ADDRESS 330 MADISON AVE
CITY-ST-ZIP NEW YORK NY

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE DIRECTOR
5.2 NAME DR IRWIN REDLENER
5.3 STREET ADDRESS 317 EAST 64 ST.
5.4 CITY-ST-ZIP NEW YORK, NY 10021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE:

Guilete P. P. P.

4/29/98

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