

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000006280 (1)

1. Corporation Name

THE CHILD'S WORLD, INC.



Principal Place of Business

Mailing Address

505 HWY 169, STE 295
PLYMOUTH MN 55441

505 HWY 169, STE 295
PLYMOUTH MN 55441

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

PETERSON, GLADYS
15 DEL PRADO SPANISH LAKES
FORT PIERCE FL 34952

81 Name
X Claudius H. Pritchard, V, Esquire
82 Street Address (P.O. Box Number is Not Acceptable)
X 201 North Franklin Street
83 Suite 2100
84 City
X Tampa FL 85 Zip Code
X 33602

3. Date Incorporated or Qualified
12/09/1994

3a. Date of Last Report
04/26/1995

4. FEI Number
41-0947218

Application For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

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]

(NOTE: Registered Agent signature required when first filing)

7/9/96

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME PETERSON, GEORGE
STREET ADDRESS 1574 SHERWOOD DR.
CITY-ST-ZIP N. MANKATO MN

TITLE V
NAME PETERSON, KRISTIN
STREET ADDRESS 15605 18TH AVE., NO.
CITY-ST-ZIP PLYMOUTH MN

TITLE ST
NAME PETERSON, MIKE
STREET ADDRESS 13807 ESSEX CT.
CITY-ST-ZIP EDEN PRAIRE MN

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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 in an attachment with an address

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/12/96

612.797.0555