

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94000006280 (1)**

1. Corporation Name
THE CHILD'S WORLD, INC.

Principal Place of Business 505 HWY 169, STE 285 PLYMOUTH MN 55441	Mailing Address 505 HWY 169, STE 285 PLYMOUTH MN 55441-6444
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2. Principal Place of Business 21 Suite, Apt. #, etc. 7001 W. 192nd Ave		2a. Mailing Address 26 Suite, Apt. #, etc. PO Box 326		3. Date Incorporated or Qualified 12/09/1994	3a. Date of Last Report 07/12/1996
22 City & State EDEN PRAIRIE MN		27 City & State Chanhassen, MN		4. FEI Number 41-0947218	Applied For <input type="checkbox"/> Not Applicable
23 Zip 55346		28 Zip 55317		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country Hennepin		30 Country Hennepin		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 PRITCHARD, CLAUDIUS V ESQ 201 N FRANKLIN ST STE 2100 TAMPA FL 33602				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	85 Zip Code
				FL	

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P PETERSON, GEORGE	1.2 NAME	
STREET ADDRESS	1574 SHERWOOD DR.	1.3 STREET ADDRESS	
CITY - ST - ZIP	N. MANKATO MN	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V PETERSON, KRISTIN	2.2 NAME	
STREET ADDRESS	15605 16TH AVE., NO.	2.3 STREET ADDRESS	
CITY - ST - ZIP	PLYMOUTH MN	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ST PETERSON, MIKE	3.2 NAME	
STREET ADDRESS	13607 ESSEX CT.	3.3 STREET ADDRESS	
CITY - ST - ZIP	EDEN PRAIRIE MN	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Michael Peterson *Michael G. Peterson* 1/8/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)