FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **G44299** **(7)**

1. Corporation Name

CHILDREN'S TWO-TIMERS, INC.

Principal Place of Business	Mailing Address
7978 MIRAMAR PKWY BOX 5616 HOLLYWOOD FL 33083 US	7978 MIRAMAR PKWY. BOX 5616 HOLLYWOOD FL 33083 US

2. Principal Place of Business	2a. Mailing Address
21	26 7978 Miramar Pkwy.
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Miramar, Florida
Zip / Country 24 / 25	Zip / Country 29 33023 / 30 US

3. Date Incorporated or Qualified: **06/20/1983**

3a. Date of Last Report: **04/24/1995**

4. FEI Number: **59-2305553** ☐ Applied 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

9. Name and Address of Current Registered Agent

THURSTON, GENEVIEVE T.
7978 MIRAMAR PKWY.
MIRAMAR FL 33023

10. Name and Address of New Registered Agent

81 Name: Maureen A. Hagenburg
82 Street Address (P.O. Box Number is Not Acceptable): 7978 Miramar Pkwy.
83
84 City: Miramar **FL** 85 Zip Code: 33023

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: Maureen A. Hagenburg — Maureen A. Hagenburg — 4-3-96
Signature, typed or printed name of registered agent and title if agent is a corporation — (NOTE: Registered Agent signature required when changing) — DATE

12. OFFICERS AND DIRECTORS		
TITLE	P	☑ DELETE
NAME	THURSTON, GENEVIEVE T.	
STREET ADDRESS	2948 W. MISSIONWOOD LANE	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	V	☑ DELETE
NAME	THURSTON, CLAUDE E.	
STREET ADDRESS	2948 W. MISSIONWOOD LANE	
CITY-ST-ZIP	MIRAMAR FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	P	☑ Change ☐ Addition
1.2 NAME	Hagenburg, Maureen A	
1.3 STREET ADDRESS	9311 E. Fern Lane	
1.4 CITY-ST-ZIP	Miramar, Fl. 33025	
2.1 TITLE	V	☑ Change ☐ Addition
2.2 NAME	Hagenburg, Joseph J	
2.3 STREET ADDRESS	9311 E. Fern Lane	
2.4 CITY-ST-ZIP	Miramar, Fl. 33025	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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)(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: Maureen A. Hagenburg — 4-3-96 — 954-987-0458
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #