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

PROFIT ₹
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J25328

(2)

FALLS KIDS ROOM, INC.

FILED
May 15 1998 8:00am
Secretary of State

FALLS		OWI, THO										
Principal Pla	ce of Busines	88	Mailing Addr	ess				1 100 (4)3 81(0 1) 881 \$110 1414 14891 1811	#1811 \$1 9 11 \$1811 #1	AN AND	. 41811 1881	
14241 S. DI Miami Fl 33 US			900 PARK CENTRE BLVD STE 444 Miami Fl 33169					DO NOT WRITE I	N THIS SPACE	<u>:</u>		
			US					3. Date Incorporated or Qualified				
2. Principal I	Place of Busi	2008	2a. Mailing A	ddress						TAn	plied For	
21	1 1000 01 000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	26	ARK CENTRE BLVD 444 All FL 33169 3. Date Incorporated O7/23/1986 4. FEI Number 59-2703589 4. FEI Number 59-2703589 5. Certificate of Status 6. Election Campaign Trust Fund Contribit 90 Country 8. This corporation on Personal Property To Name 82 Street Address (P.O. Box Number is 1 Name 83 Such change was authorized by the corporation's board of directors. It is stated to the property To Name 15. Certificate of Status 10. Name and Addres 81 Name 82 Street Address (P.O. Box Number is 1 Name) 83 Such change was authorized by the corporation's board of directors. It is stated to the property To Name 15. ADDITIONS/CHANG 15. ADDITIONS/CHANG 15. STREET ADDRESS 14. CITY-ST-ZIP 15. DELETE 17. TITLE 12. NAME 13. STREET ADDRESS 14. CITY-ST-ZIP 15. TITLE 22. NAME 33. STREET ADDRESS 44. CITY-ST-ZIP 15. TITLE 4. TITLE 4. TAME 4. STREET ADDRESS 4. CITY-ST-ZIP 15. TITLE 5. NAME 5. STREET ADDRESS 4. CITY-ST-ZIP 15. TITLE 5. NAME 5. STREET ADDRESS 4. CITY-ST-ZIP 15. TITLE 5. NAME 5. STREET ADDRESS 4. CITY-ST-ZIP 15. TITLE 5. NAME 5. STREET ADDRESS 4. CITY-ST-ZIP 15. TITLE 5. NAME 5. STREET ADDRESS 5. CITY-ST-ZIP 15. TITLE 5. NAME 5. STREET ADDRESS 5. CITY-ST-ZIP 15. TITLE 5. NAME 5. STREET ADDRESS 5. CITY-ST-ZIP 15. TITLE 5. NAME 5. STREET ADDRESS 5. CITY-ST-ZIP 15. TITLE 5. NAME 5. STREET ADDRESS 5. CITY-ST-ZIP 15. TITLE 5. NAME 5. STREET ADDRESS 5. CITY-ST-ZIP 15. TITLE 5. NAME 5. STREET ADDRESS 5. CITY-ST-ZIP 15. TITLE 5. NAME 5. STREET ADDRESS 5. CITY-ST-ZIP 15. TITLE 5. NAME 5. STREET ADDRESS 5. CITY-ST-ZIP 15. TITLE 5. NAME 5. STREET ADDRESS 5. CITY-ST-ZIP 15. TITLE 5. NAME 5. STREET ADDRESS 5. CITY-ST-ZIP 15. TITLE 15. TIT					Applicable			
Suite, Apt	i. #, etc.			Suite, Apt. #, etc.					¬ \$8.	 -	dditional	
22			27					5. Certificate of Status Desired	\$0.	ee Re	quired	
City & Sta	ate		City & Sta	City & State				6. Election Campaign Financing			Мау Ве	
23			28					Trust Fund Contribution Added to Fees				
Zip Country			<u> </u>	├ ─त '			8. This corporation owes or has paid the current year Interpretation Personal Property Tax due June 30.			angible] No		
24	9. Name	25 and Address of Curre	nt Registered Age		ַטי			Personal Property Tax due June 3 10. Name and Address of New Reg			INO	
0			riogiototo rigo		81	Name	e		T.V.VW PINOTIC			
SALEM, ERIC E. 14303 SOUTH DIXIE HIGHWAY								iss (P.O. Box Number is Not Acceptable				
	IAMI FL 33					<u> </u>	n Addie	iss (F.O. Box Number is Not Acceptable				
					83							
					84	City	···		FL 85	Zip C	ode	
11. Pureuani	t to the provis	sions of Sections 607 05	02 and 607 1508 F	lorida Statutes	the abov	e-name	d corno	oration submits this statement for the nu		ning its	registered	
office or	registered as	gent, or both, in the State	e of Florida. Such cl	hange was au	thorized b	y the co	orporatio	on's board of directors. I hereby accept	the appointme	int as r	registered	
1		itit, and accopt the obilt	gations of, Section o	107. 0 303, FROIT	ua Statule	ъ.						
SIGNATURE	Signature, type	d or printed name of registered as	gent and two if applicable	(NOTE	Ragistered Ag	ent signatu	re required	d when reinstating)	DATE			
12.		OFFICERS AN	ND DIRECTORS		4			ADDITIONS/CHANGES TO OFFICE				
TUTE	PT	5010 F	L) DELETE	ľ				L] Ch	ange	Addition	
NAME		, ERIC E								•		
STREET ADDRESS		SW 104TH TERR			1		5					
CITY-ST-ZIP	MAMI	FL		1 DELETE		ST-ZIP	—		77.06		Addition	
TITLE	VS	, ROBERT M) DECE 1E					L) Ch	ange	☐ Addition	
NAME	40505	SW 104TH TERR			4	* *0000000						
STREET ADDRESS	MIAMI						· [
CITY-ST-ZIP	(m)/sitil	<u> </u>		DÉLÉTÉ		51-2P	╅──		☐ Ch	anne	Addition	
NAME			L		•				011			
STREET ADDRESS						T ADDRESS						
CITY-ST-ZIP												
TITLE	 			DELETE		U. EII	1		☐ Ch	ange	Addition	
NAME	1											
STREET ADDRESS					4.3 STREE	I ADDRESS	:					
CITY-ST-ZIP	1_				1							
TITLE				DELETE					Ch	ange	Addition	
NAME	1				5.2 NAME							
STREET ADDRESS					5.3 STREE	T ADDRESS	;					
CITY-ST-ZIP					5.4 CITY -	ST-ZIP						
TITLE				DELETE	6.1 TITLE				☐ Ch	ange	Addition	
NAME	1				6.2 NAME							
STREET ADDRESS	- [6.3 STREE	ADDRESS	3					
CITY-ST-ZIP	ı				6.4 CITY-	ST - 71P	i					

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 suppliemental acrual 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 receive) 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 attact yient with an address.

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