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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J89384

(8)

CHILDREN'S HOUSE OF BOCA RATON, INC.

FILED									
Mar 14 1997 8:00am									
Secretary of State									



Principal Place of Business Mailing Address						T TO DESTRE WIND ENTIRE STATES AND STATES TO THE REPORT OF DATES AND			
% KATHLEEN 100 PINE CIRC BOCA RATON	% KATHLEEN L. BOW! 100 PINE CIRCLE BOGA RATON FL 3343	CIRCLE							
i 						 Date Incorporated or Qualified 08/26/1987 	3a. Date of La 04/02/19		
<u></u>	lace of Business	2a. Mailing Address				4. FEI Number Applied For			
Suite, Apt.	# ata		26			65-0016115 Not Applicable			
22		Suite, Apt. #, etc.	27			5. Certificate of Status Desired \$8.75 Additional Fee Required			
City & State	e	City & State	— ·			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Z ip	Cour	Country		8. This corporation has liability for intangible tax under s. 199.032,			
24	25	29	30	J		Florida Statutes Yes No			
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
BOWSER, KATHLEEN L.				81	Name				
	PINE CIRCLE DA RATON FL 33432		82 Street Addr		Street Addre	ress (P.O. Box Number is Not Acceptable)			
			Ī	83					
				84	City		FL 85	Zip Code	
11, Pursuant t	to the provisions of Sections 607	.0502 and 607.1508, Florida Sta	atutes, the ab	l IOVE	named corporation	oration submits this statement for the p	irpose of changi	ng 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 registere	d agent and to e if applicable - {	NOTE Registered	Aue	ant signature require	od włuch zejnstatino)	DATE		
12.	OFFICERS	AND DIRECTORS	7.61.7.61.61.61.61.61.61.61.61.61.61.61.61.61.			ADDITIONS/CHANGES TO OFFIC		TORS IN 12	
TITLE	D	DELETE	1.1 Til	l F			☐ Cha	nge Addition	
NAME	BOWSER, KATHLEEN L.		1.2 NA	1.2 NAME					
STREET ADDRESS	100 PINE CIRCLE		1.3 STF	REET	ADDRESS				
CITY-ST-ZIP	BOCA RATON FL		1.4 C/I		T - ZrP				
TITLE	D DOMOCO DODCOT N	L DELETE	DELETE 2.1 TITLE				☐ Cha	nge 🔝 Addition	
NAME	BOWSER, ROBERT N. 100 PINE CIRCLE		2.2 NAME						
STREET ADDRESS	BOCA RATON FL		2.3 STREET ADDRESS						
CITY-ST-ZIP TITLE	DOON INTOIT IL	DLLF1E	2 4 CHY-S1-ZIP DLLETE 31 THE		S1-ZIP		Cha	nge Addition	
NAME		VECT IE	3.2 NAME					ilde C1 segginos	
STREET ADORESS					ADDRESS				
CITY-ST-ZIP			3.4 CI					1	
TITLE			4.1 717				Chai	nge Addition	
NAME			4. 2 NA	ME					
STREET ADDRESS			4.3 S1F	EET.	ADDRESS				
CITY-ST-ZIP			4.4 CH	Y - S1	1 - ZIP				
TITLE		DELETE	5 1 1/11	LE.			☐ Cnar	nge Addition	
NAME			5.2 NA	ME					
STREET ADDRESS			5.3 STF	Œ.	ADDRESS				
CITY-ST-ZIP			5.4 CIT		I - ZIP				
TITLE		☐ DELETE	61 TITE	1 TITLE			Char	nge 🛄 Addition	
NAME			62 NAI						
STREET ADDRESS			6.3 STA	REE 1	ADDRESS				
CITY-ST-ZIP	ov cortily that the information cur	plied with this filing does not a	6.4 CiT	Y - S1	1-ZIP	in Section 119 07(3Vi). Florida Statutos	14 miles and 2	40 - A 40 -	

I do nereby certify that the information supplied with this filling 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 trustice 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.

Kathleen L. Bowser 3/11/97 (561) 391–0074