FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY 23 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L48137** **(8)**

1. Corporation Name
CHILDREN'S BOOTERIES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
% PATRICIA SCHROEDER 12717 N. DALE MABRY TAMPA FL 33618	% PATRICIA SCHROEDER 12717 N. DALE MABRY TAMPA FL 33618

3. Date Incorporated or Qualified: **02/06/1990**
3a. Date of Last Report: **06/16/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. # or Other (22)
Suite, Apt. # or Other (27)
City & State (23)
City & State (28)
Zip (24) County (25) Zip (29) County (30)

4. FEI Number: **59-3002819** ☐ 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 Statute ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SCHROEDER, PATRICIA
12717 N. DALE MABRY
TAMPA FL 33618

10. Name and Address of New Registered Agent

81 Name
82 Street Address or P.O. Box Number (Post Office Box Number is not acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0505, Florida Statute, 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 duties and responsibilities of registered agent.

SIGNATURE

12. OFFICERS AND DIRECTORS

D
SCHROEDER, PATRICIA
12717 N. DALE MABRY
TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

14. I declare I certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the corporation listed on this annual report or supplemental annual report is true and correct 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 added on an attachment with an address.

SIGNATURE: ✓ Patricia Schroeder Pres. 5/15/95 813-920 8411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number

02M760 CR