

# 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 # **M29042** (2)

1. Corporation Name

**CHILDREN UNLIMITED, INC.**



Principal Place of Business

Mailing Address

**C/O JAMES CARMAN  
4365 OKEECHOBEE BLVD., #B4  
W. PALM BEACH FL 33409**

**C/O JAMES CARMAN  
4365 OKEECHOBEE BLVD., #B4  
W. PALM BEACH FL 33409**

3. Date Incorporated or Qualified

**03/18/1986**

3a. Date of Last Report

**08/14/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WALLSHEIN, PATTI L.  
4365 OKEECHOBEE BLVD., #B4  
W. PALM BEACH FL 33409**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

*Beth Lebrecht*

*Office Manager*

**6/4/96**

Signature, typed or printed name of registered agent and date of signature

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE  
NAME **SANDBERG-WALLSHEIN, PATTI**  
STREET ADDRESS **1700 EMBASSY DR., SUITE 104**  
CITY-ST-ZIP **W. PALM BEACH FL**

TITLE **ST** ☐ DELETE  
NAME **SANDBERG, LEONARD**  
STREET ADDRESS **300 E 58TH ST, #300**  
CITY-ST-ZIP **NEW YORK NY**

TITLE **VD** ☒ DELETE  
NAME **PALT, RONALD**  
STREET ADDRESS **5516 BARNSTEAD CIRCLE**  
CITY-ST-ZIP **LAKE WORTH FL**

TITLE **VD** ☐ DELETE  
NAME **LEBRECHT, BETH**  
STREET ADDRESS **3789 PARK LANE VILLAS ROAD**  
CITY-ST-ZIP **LAKE PARK FL**

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 ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME **VD**  
3.3 STREET ADDRESS **Owens, Suzette**  
3.4 CITY-ST-ZIP **2075 Polo Gardens, Dr  
Wellington, FL 33414**

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

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)(k), 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:

*Beth Lebrecht*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/4/96**

Date

**407-686-5687**

Daytime Phone #

CR2E034 (12/95)