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Apr 24 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N06588** (0)

1. Corporation Name

**4 CHILDREN'S S.A.K.E., INC.**

Principal Place of Business

Mailing Address

**621 SOUTH FEDERAL HIGHWAY  
SUITE #6  
FT. LAUDERDALE FL 33301**

**6250 N. ANDREWS AVE  
STE. 204  
FT. LAUDERDALE FL 33309  
US**



3. Date Incorporated or Qualified

**12/11/1984**

4. FEI Number

**65-0016252**

Applied For

Not Applicable

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

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐

**\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROSSELLI, CATHERINE  
621 SOUTH FEDERAL HWY, SUITE 6  
FT. LAUDERDALE FL 33301**

**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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	TPD	<input type="checkbox"/> DELETE
NAME	YOUNG, ANDREA	
STREET ADDRESS	124 S.W. 98TH LANE	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	YOUNG, ANDREA	
STREET ADDRESS	124 S.W. 98TH LANE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	MCCOY, SCOTT	
STREET ADDRESS	2801 ROCK ISLAND RD.	
CITY-ST-ZIP	MARGATE FL	
TITLE	VPT	<input checked="" type="checkbox"/> DELETE
NAME	WEBB, NANCY	
STREET ADDRESS	5480 N.W. 55TH BLVD., #12-201	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	MCCOY, SCOTT	
STREET ADDRESS	2801 ROCK ISLAND RD	
CITY-ST-ZIP	MARGATE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT & DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	181 N.W. 75TH WAY	
1.4 CITY-ST-ZIP	PLANTATION, FL 33317	
2.1 TITLE	VICE PRESIDENT & DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JANET R. IHL	
2.3 STREET ADDRESS	3389 COCOPLUM CIRCLE	
2.4 CITY-ST-ZIP	COCONUT CREEK, FL 33063	
3.1 TITLE	TREASURER & DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	WILLIAM E. SHOEMAKER	
3.3 STREET ADDRESS	2201 SOLAR PLAZA DR.	
3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33301	
4.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BARBARA L. WEISS	
4.3 STREET ADDRESS	2410 N.E. 2ND AVE	
4.4 CITY-ST-ZIP	POMPANO BEACH, FL 33064	
5.1 TITLE	D ROBYN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ROBERT ADLER	
5.3 STREET ADDRESS	3481 S. CORAMGOLA CIR.	
5.4 CITY-ST-ZIP	COCONUT CREEK, FL 33066	
6.1 TITLE	BOB	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	BOB SAMSON	
6.3 STREET ADDRESS	1601 NW 6 AVE	
6.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33311	

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *W. E. Shoemaker* WILLIAM E. SHOEMAKER 4/17/98 (954) 704-6550

CR2E037 (10/97)

**4 Children's S.A.K.E., Inc.  
Annual Report**

**Attachment**

**Document No. N06588**

**Block 13, Additional Director**

**D  
Steve Rios  
3570 NW 113th Terrace  
Sunrise, FL 33323**