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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N06588

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 12/11/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0016252 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	YOUNG, ANDREA		1.2 NAME		
STREET ADDRESS	181 NW 75TH WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33317		1.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JANET RIHL		2.2 NAME		
STREET ADDRESS	3389 COLOPLUM CIR		2.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK FL 33063		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAM E SHOEMAKER		3.2 NAME		
STREET ADDRESS	2301 SOLAR PLZ DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33301		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BARBARA L WEISS		4.2 NAME		
STREET ADDRESS	2410 NE 2ND AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH FL 33064		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ROBERT ADLER		5.2 NAME		
STREET ADDRESS	3481 S CORAMBOLA CIR		5.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK FL 33066		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BOB SAMSON		6.2 NAME		
STREET ADDRESS	1601 NW 6TH AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33311		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED WILLIAM E. SHOEMAKER 4/21/99 (954) 761-9680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #