

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N22824 (9)
1. Corporation Name
CENTRAL FLORIDA CHILDREN'S WEAR EXHIBITORS, INC.



Principal Place of Business
**777 N W 72ND AVE
STE 3F19
MIAMI FL 33126
US**

Mailing Address
**777 NW 72ND AVE
STE 3F19
MIAMI FL 33126
US**

3. Date Incorporated or Qualified
10/05/1987

3a. Date of Last Report
05/01/1995

2. Principal Place of Business
21 777 NW 72nd Ave
Suite, Apt #, etc.
22 STE 3F19
City & State
23 Miami FL
Zip
24 33126

2a. Mailing Address
26 777 NW 72nd Ave
Suite, Apt #, etc.
27 STE 3F19
City & State
28 Miami FL
Zip
29 33126

Country
30 USA

4. FEI Number
59-2856992

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 Statutes
☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**BLUMENTHAL, ROBERT
8520 S W 120TH STREET
MIAMI FL 33156**

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

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

(If 11b: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BLUMENTHAL, ROBERT	
STREET ADDRESS	8520 SW 120TH ST	
CITY - ST - ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ROLLINS-GOWING, JUDY	
STREET ADDRESS	237 TALLHASSEE DRIVE N E	
CITY - ST - ZIP	ST PETERSBURG FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	FINNEGAN, MARY	
STREET ADDRESS	P.O. BOX 76096	
CITY - ST - ZIP	ST PETERSBURG FL	
TITLE	ED	<input type="checkbox"/> DELETE
NAME	ATCHISON, DORIS	
STREET ADDRESS	1873 BEDFORDSHIRE CT	
CITY - ST - ZIP	DECATUR GA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Doris Atchison* **1-21-96** **404-325-9092**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Doris Atchison Executive Director
Daytime Phone #

CR2E037 (12/95)