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Feb 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N29501 (6)

1. Corporation Name

THE CHILDREN'S SCIENCE EXPLORIUM, INC.

Principal Place of Business

Mailing Address

123 NW 13TH STREET
#214-11
BOCA RATON FL 33432
US123 NW 13TH ST
#214-11
BOCA RATON FL 33432-1641
US3. Date Incorporated or Qualified
12/01/19883a. Date of Last Report
04/30/19964. FEI Number
65-0085199Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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

COHEN, EARL
2 EAST CAMINO REAL
SUITE 111A
BOCA RATON FL 33432

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME MONTAGUE, BRENDA
STREET ADDRESS 401 FAIRWAY DR #200
CITY-ST-ZIP DEERFIELD BEACH FL1.1 TITLE vice-president ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 1189 Hypoluxo Road
1.4 CITY-ST-ZIP Lakeland, FL 33462TITLE VD ☐ DELETE
NAME BATMASIAN, MARTA
STREET ADDRESS 215 N. FED. HWY.
CITY-ST-ZIP BOCA RATON FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE VD ☐ DELETE
NAME AVERBROOK, CHARLES
STREET ADDRESS 2887 BANGAN BLVD CIR NW
CITY-ST-ZIP BOCA RATON FL3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 2887 Bungan Creek Blvd Circle NW
3.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP4.1 TITLE President ☐ Change ☒ Addition
4.2 NAME Diane Jennings
4.3 STREET ADDRESS 1100 W. Camino Real
4.4 CITY-ST-ZIP Boca Raton, FL 33486TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE Treasurer ☐ Change ☒ Addition
5.2 NAME Earl M. Cohen
5.3 STREET ADDRESS 2 E. Camino Real #1114
5.4 CITY-ST-ZIP Boca Raton, FL 33432TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0038921

CP2E037 (9/96)