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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 08 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9600004740 (4)

THE CHILDREN'S TOUCH INSTITUTE, INC.

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SHULMAN, NICOL 1271 S. CYPRESS ROD POMPANO BEACH FL 33060 82 Street Address (P.O. Box Number is Not Acceptable) 83 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 registation of corporation 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 register agent, and amendment of the purpose of changing its registation of the corporation's board of directors. I hereby accept the appointment as register agent, and amendment of the purpose of changing its registation. SIGNATURE DELETE 12. OFFICERS AND DIRECTORS TITLE DOFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DOFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DOFFICERS AND DIRECTORS 13. TITLE DOFFICERS AND DIRECTORS IN 12 TITLE Change Ad ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE Change Ad TITLE SHULMAN, FRANK SIRELE ADDRESS CITY-ST-2P TITLE SO DELETE 31 TITLE Change Ad C	24			ed Agent	1301						
1271 S. CYPRESS ROD POMPANO BEACH FL 33060 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-marked corporation submits this statement for the purpose of changing its register of egont. I enrichment, with a marked provision of Sections 617.0503, Florida Statutes, the above-marked corporation submits this statement for the purpose of changing its register of egont. I enrichment, with a marked provision of Sections 617.0503, Florida Statutes. SIGNATURE SUpration by the deprinted marked agent and tell applicable (NOTE Registered Agent signature required when rehated polyment required share required when rehated polyment required share required when rehated polyment required when related polyment required when rehated polyment required when related pol			<u> </u>			81	Name	——————————————————————————————————————			
1271 S. CYPRESS ROD POMPANO BEACH FL 33060 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Floridal Statutes, the above-named corporation submits this statement for the purpose of changing is register of 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 register agent, it arrivalamiliar, with a real accept the obligations of Section 617.0503, Floridal Statutes. SIGNATURE Signature, bysed or primer units of trageterial agent and tos it applicable. (NOTE: Registered Agest signature required when refinations) OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD OMME SHULMAN, NICOL SHULMAN, NICOL 12 NAME 1271 S. CYPRESS ROAD 13 STREET ADDRESS CITY-ST-2IP POMPANO BEACH FL 33060 DELETE 21 TITLE V OMAME SHULMAN, FRANK 22 NAME 22 NAME SHULMAN, FRANK 22 NAME SHELFADORESS CITY-ST-2IP POMPANO BEACH FL 33060 DELETE 31 TITLE Change Ad TITLE Change Ad TITLE D Change Ad TITLE D Change Ad TITLE Change Ad TITLE Change Ad TITLE Change Ad TITLE D Change Ad TITLE Change Ad TITLE Change Ad TITLE D Change Ad TITLE Change Ad TITLE D Change Ad TITLE Change Ad TITLE Change Ad TITLE D Change Ad TITLE Change Ad TITLE Change Ad TITLE D Change Ad TITLE Change Ad TITLE D Change Ad TITLE D Change Ad TITLE TITLE Change Ad	SHULMAN, NICOL					82	Street Addr	ass (P.O. Box Number is Not Acceptable)			
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12.	SIGNATURE		ed agent and title if ap	plicable. (NC	OTE: Registered	Ager	nt skanature requir	ed when reinstation)	29///		
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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 13 if changed, or on an attachment with an address.

SIGNATURE: NCOLE SHUMANE REQUIRED Won her 4/23/97
SIGNATURE AND TYPED OR PRINTED NAME OF BROWNING OFFICER OR DIRECTOR

Date 4/23/97
Deplete Pront 0025216