


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000004740 (4) 1. Corporation Name THE CHILDREN'S TOUCH INSTITUTE, INC.			
Principal Place of Business 1925 E. ATLANTIC BLVD. POMPANO BEACH FL 33060		Mailing Address 1925 E. ATLANTIC BLVD. POMPANO BEACH FL 33060	
2. Principal Place of Business 21 1271 S. CYPRESS RD Suite, Apt. #, etc. 22 POMPANO BEACH City & State 23 FLORIDA Zip 24 33060		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	
9. Name and Address of Current Registered Agent SHULMAN, NICOL 1271 S. CYPRESS RD POMPANO BEACH FL 33060		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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			
TITLE	PD	<input type="checkbox"/> DELETE	
NAME	SHULMAN, NICOL		
STREET ADDRESS	1271 S. CYPRESS ROAD		
CITY-ST-ZIP	POMPANO BEACH FL 33060		
TITLE	V	<input type="checkbox"/> DELETE	
NAME	SHULMAN, FRANK		
STREET ADDRESS	% 1925 E. ATLANTIC BLVD.		
CITY-ST-ZIP	POMPANO BEACH FL 33060		
TITLE	SD	<input type="checkbox"/> DELETE	
NAME	FORBES, RICHARD		
STREET ADDRESS	5121 NE 6TH AVENUE		
CITY-ST-ZIP	POMPANO BEACH FL 33064		
TITLE	T	<input checked="" type="checkbox"/> DELETE	
NAME	SHULMAN, RACHEL		
STREET ADDRESS	% 1925 E. ATLANTIC BLVD.		
CITY-ST-ZIP	POMPANO BEACH FL 33060		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	WARD, JANET		
STREET ADDRESS	2850 FEDERAL HIGHWAY		
CITY-ST-ZIP	POMPANO FL 33064		
TITLE	CYNTHIA SHEPARD	<input checked="" type="checkbox"/> DELETE	
NAME	CYNTHIA SHEPARD		
STREET ADDRESS	4113 DIXIE HIGHWAY		
CITY-ST-ZIP	POMPANO 33064		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
1.2 NAME	SHEILA KENDZIERSKI		
1.3 STREET ADDRESS	6901 NW 76 ST.		
1.4 CITY-ST-ZIP	TAMARAC 33321		
2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
2.2 NAME	CYNTHIA SHEPARD		
2.3 STREET ADDRESS	411 N. DIXIE HIGHWAY		
2.4 CITY-ST-ZIP	POMPANO 33064		
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 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: NICOL SHULMAN DATE: JAN 6 1998			



CR2E037 (10/97)