


FILE NOW: FILING FEE IS \$61.25

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Jan 21, 1999 8:00am

Secretary of State

01-21-1999 90052 031 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000004740

1. Corporation Name

THE CHILDREN'S TOUCH INSTITUTE, INC.

Principal Place of Business

1925 E. ATLANTIC BLVD.
POMPANO BEACH FL 33060
US

Mailing Address

1925 E. ATLANTIC BLVD.
POMPANO BEACH FL 33060



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/12/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0694701	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
25	Country	30	Country	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

SHULMAN, NICOL
1271 S. CYPRESS ROAD
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
	FL 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, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD SHULMAN, NICOL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHULMAN, NICOL	1.2 NAME	
STREET ADDRESS	1271 S. CYPRESS ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33060	1.4 CITY-ST-ZIP	
TITLE	V SHULMAN, FRANK	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHULMAN, FRANK	2.2 NAME	
STREET ADDRESS	% 1925 E. ATLANTIC BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33060	2.4 CITY-ST-ZIP	
TITLE	SD FORBES, RICHARD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORBES, RICHARD	3.2 NAME	
STREET ADDRESS	5121 NE 6TH AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33064	3.4 CITY-ST-ZIP	
TITLE	D KENDZIERSKI, SHEILA	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENDZIERSKI, SHEILA	4.2 NAME	
STREET ADDRESS	6901 NW 78TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33321	4.4 CITY-ST-ZIP	
TITLE	D WARD, JANET	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, JANET	5.2 NAME	
STREET ADDRESS	2850 FEDERAL HIGHWAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO FL 33064	5.4 CITY-ST-ZIP	
TITLE	T SHEPHARD, CYNTHIA	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEPHARD, CYNTHIA	6.2 NAME	
STREET ADDRESS	411 N DIXIE HWY	6.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO FL 33064	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, with all other like empowered.

SIGNATURE: _____ SIGNATURE: _____ DATE: 1/21/99 DAYTIME PHONE #: 942-0394

CR2E037 (11/98)