

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90182 045 ****61.25

DOCUMENT # N98000001817

1. Corporation Name

CHILDREN'S EMBASSY, INC.

Principal Place of Business

10961 N.W. 12TH DRIVE
PLANTATION FL 33322

Mailing Address

10961 N.W. 12TH DRIVE
PLANTATION FL 33322



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

03/27/1998

4. FEI Number

65-0821304

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

CATES, JOHN
THE AMERICAN LIVING TRUST CORPORATION
3418 S. UNIVERSITY DRIVE, STE. 222
DAVIE FL 33328

10. Name and Address of New Registered Agent

81 Name

Eric Yellin

82 Street Address (P.O. Box Number is Not Acceptable)

10961 NW 12 Drive

83

84 City

Plantation

FL

85 Zip Code

33322

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

Eric R. Yellin

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

(NOTE: Registered Agent signature required when re-listing)

4-28-99

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME YELLIG, APRIL
STREET ADDRESS 10961 N.W. 12TH DRIVE
CITY-ST-ZIP PLANTATION FL 33322

TITLE D ☐ DELETE

NAME KARP, CATHERINE
STREET ADDRESS 5206 MAHOGANY DRIVE
CITY-ST-ZIP BOYNTON BEACH FL

TITLE D ☐ DELETE

NAME KORPELA, STELLA
STREET ADDRESS 3400 PAN AMERICAN DRIVE
CITY-ST-ZIP MIAMI FL 33133

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Yellin, April
1.3 STREET ADDRESS 10961 NW 12 Drive
1.4 CITY-ST-ZIP Plantation FL 33322

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

DATE

954-916-1222

Daytime Phone #

CR2E037 (11/98)