

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000014527 (4)

1. Corporation Name

KIDSTOP AT BOYNTON BEACH, INC.

Principal Place of Business

1490 GATEWAY BLVD.
BOYNTON BEACH FL 33426
US

Mailing Address

1490 GATEWAY BLVD.
BOYNTON BEACH FL 33426-8219
US

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

COOKE, BRIAN J
515 NORTH FLAGLER DRIVE
SUITE 600
WEST PALM BEACH FL 33401

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 607.0502 and 607.1508, 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 607.0505, 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	DP	<input type="checkbox"/> DELETE	1.1 TITLE DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENDEL, MARK L		1.2 NAME MENDEL, MARK L.
STREET ADDRESS	7458 TRECOTT DRIVE		1.3 STREET ADDRESS 7664 ESTRELLA CIRCLE
CITY-ST-ZIP	LAKE WORTH FL		1.4 CITY-ST-ZIP BOCA RATON, FL. 33483
TITLE	DST	<input type="checkbox"/> DELETE	2.1 TITLE DST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENDEL, JOAN		2.2 NAME MENDEL, JOAN D.
STREET ADDRESS	7458 TRECOTT DRIVE		2.3 STREET ADDRESS 7664 ESTRELLA CIRCLE
CITY-ST-ZIP	LAKE WORTH FL		2.4 CITY-ST-ZIP BOCA RATON, FL. 33483
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME
STREET ADDRESS			3.3 STREET ADDRESS
CITY-ST-ZIP			3.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attachment, with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Jan 23 1997 8:00am
Secretary of State



CR2E034 (9/96)

1/3/97 56-734-3388

Daytime Phone #