

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

**FILED**

**Feb 10 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000086466 (8)**  
 1. Corporation Name  
**CHILDRENS DEVELOPMENT AND DISCOVERY CENTER, INC.**



Principal Place of Business <b>108 N.W. JET DRIVE FT. WALTON BEACH FL 32548 US</b>	Mailing Address <b>909 SANTA ROSA BLVD. UNIT 542 FT. WALTON BEACH FL 32548</b>
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DO NOT WRITE IN THIS SPACE

<b>21</b> Principal Place of Business Suite, Apt. #, etc.	<b>26</b> Mailing Address <b>289 SHALIMAR DRIVE</b> Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State <b>SHALIMAR, FL</b>
<b>23</b> Zip	<b>28</b> Zip <b>32579</b>
<b>24</b> Country	<b>29</b> Country <b>OKALOOSA</b>

<b>3.</b> Date Incorporated or Qualified <b>12/16/1993</b>
<b>4.</b> FEI Number <b>59-3215037</b>
<b>5.</b> Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

**9. Name and Address of Current Registered Agent**  
**BATES, AVA M**  
**909 SANTA ROSA BLVD.**  
**UNIT 542**  
**FT. WALTON BEACH FL 32548**

**10. Name and Address of New Registered Agent**

<b>81</b> Name <b>BATES, AVA M. (ADDRESS CHANGE ONLY)</b>
<b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>289 SHALIMAR DRIVE</b>
<b>83</b>
<b>84</b> City <b>SHALIMAR</b>
<b>85</b> Zip Code <b>FL 32579</b>

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

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	BATES, AVA M	1.2 NAME	BATES, AVA M.
STREET ADDRESS	909 SANTA ROSA BLVD., UNIT 542	1.3 STREET ADDRESS	289 SHALIMAR DRIVE
CITY-ST-ZIP	FT. WALTON BEACH FL 32548	1.4 CITY-ST-ZIP	SHALIMAR, FL 32579
TITLE	DVST <input type="checkbox"/> DELETE	2.1 TITLE	DVST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATES, HUBERT L	2.2 NAME	BATES, HUBERT L.
STREET ADDRESS	909 SANTA ROSA BLVD., UNIT 542	2.3 STREET ADDRESS	289 SHALIMAR DRIVE
CITY-ST-ZIP	FT. WALTON BEACH FL 32548	2.4 CITY-ST-ZIP	SHALIMAR, FL 32579
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 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 changed, or on an attachment with an address.

SIGNATURE: **DVST, HUBERT L. BATES** *Hubert L. Bates* **FEBRUARY 3, 1998**

CFR2034 (1097)