

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

FILED
Feb 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 108 N.W. JET DRIVE FT. WALTON BEACH FL 32548 US	Mailing Address 909 SANTA ROSA BLVD. UNIT 542 FT. WALTON BEACH FL 32548
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/16/1993	
21 Suite, Apt. #, etc.	26 289 SHALIMAR DRIVE	4. FEI Number 59-3215037		Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 SHALIMAR, FL	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 32579	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 OKALOOSA	30 OKALOOSA		8. 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

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

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	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**

FEBRUARY 3, 1998

CR2E034 (10/97)