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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:(



FLORIDA DEPARTMENT OF STATE

FILED

Jan 23 1997 8:00am

Secretary of State

Davtime Prone ₱

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000074767 (2)

CHILDRENS DEVELOPMENT ASSOCIATES, INC.

Principal Place of Business Mailing Address					. TREY BOT YOU TO LEAVE BY THE BOTH BOTH BOTH HOUSE BUTH WHIT WAS A THE FOREIGN WHIT HOUSE			
21301 POWERL	JNE RD	21301 POWERLINE RD			i			
SUITE 201		SUITE 201	* *· ·			•		
BOCA RATON FL 33433		BOCA RATON FL 33433-2	BOCA RATON FL 33433-2390					
					3. Date Incorporated or Qualified			
Principal P	Ingo of Pusings	2a. Mailing Address			10/07/1994	04/10/19		
			ooress				Applied For	
		Suite, Apt #, etc.	# etc		65-0540425	<u> </u>	Not Applicable	
27		27			5. Certificate of Status Desired		.75 Additional see Required	
City & State	e	City & State			6. Election Campaign Financing	L1	5.00 May Be	
23 Zip	Country	28	Country		Trust Fund Contribution		dded to Fees	
24	25 29 30				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes			
g Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
WASSERMAN, THEODORE 81 Name								
01201 DOWEDLINE DD								
SUITE 201 SUITE 201 Street Address (P.O. Box Number is Not Acceptable)								
BOCA RATON FL 33433								
			84	City		 85	Zip Code	
Ad Dura and	12 the manifest of Contract COT O	500 and 507 4500 Flavida Otto				FL		
office or re	egistered agent, or both, in the Sta	te of Florida. Such change was a	es, the above authorized by	named corp the corpora	poration submits this statement for the tion's board of directors. I hereby acc	purpose of change ept the appointme	ging its registered ent as 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 paner of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE								
12.		ND DIRECTORS	13.	t alfinatore redu	ADDITIONS/CHANGES TO OFF		CTORS IN 12	
TITLE	D	X DELETE	1.1 TITLE		ASSITIONAÇOI INITACO TO OTT	CI		
NAME	WASSERMAN, THEODORE		1.2 NAME					
STREET ADORESS	ALCO POMEDINE DE OUTE DA			DDRESS				
CITY-ST-ZIP	BOCA RATON FL 33433		1.4 CITY - ST	i				
TITLE	D	DELETE	2.1 TITLE			☐ CH	nange	
NAME	WASSERMAN, LORI		2.2 NAME				•	
STREET ADDRESS	21301 POWERLINE RD SUIT	2.3 STREET ADDRESS						
CITY - ST - ZIP	BOCA RATON FL 33433		2. 4 CITY - ST			•		
TITLE	DELETE		3.1 TITLE			☐ Cr	nange	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET A	DORESS				
CITY - ST - ZIP			3.4. CITY-ST	. ZIP	1			
TITLE	☐ DELETE		4.1 TITLE			Cr	nange Addition	
NAME			4. 2 NAME		1			
STREET ADDRESS			4.3 STREET A	DORESS				
CITY-ST-ZIP			4.4 CITY-ST	- ZIP				
TITLE	DELETE		51 TITLE			☐ Ch	nange 🔲 Addition	
NAME			5.2 NAME		•			
STREET ADDRESS			5.3 STREET A	DDRESS			1	
CITY-ST-ZIP			5.4 CITY - ST	ZIP	·			
TITLE		DELETE	6.1 TITLE			☐ Cr	nange 🔲 Addition	
NAME			6.2 NAME					
STREEL ADDRESS			6.3 STREET A	DDRESS				
CITY-ST-ZIP			6.4 CITY-ST					
14. I do heret	by certify that the information suppling indicated on this annual report of	lied with this filing does not quality supplemental annual report is to	fy for the exen	nption stated	d in Section 119.07(3)(i), Florida Statu	tes. I further certif	y 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.								