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FILED  
May 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000078914 (6)

1. Corporation Name

THE CHILDREN'S WORKSHOP EARLY LEARNING CENTER, I  
NC.



Principal Place of Business

1512 EAST ATLANTIC BLVD.  
POMPANO BEACH FL 33060

Mailing Address

1512 EAST ATLANTIC BLVD.  
POMPANO BEACH FL 33060-6749

2. Principal Place of Business

21 1406 N.E. 4th Street

Suite, Apt. #, etc.

22

City & State

23 Pompano Beach Florida

Zip

24 33060

Country

25 USA

2a. Mailing Address

26 5188 N.W. 47th Ave

Suite, Apt. #, etc.

27

City & State

28 Coconut Creek Florida

Zip

29 33073

Country

30 USA

3. Date Incorporated or Qualified

10/26/1994

3a. Date of Last Report

06/11/1996

4. FEI Number

65-0531631

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FOX, JACK  
13360 KINGSBURY DR  
WELLINGTON FL 83414

10. Name and Address of New Registered Agent

81 Name

FOX, JACK

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

5188 N.W. 47th Ave

83

Coconut Creek

84 City

FL

85 Zip Code

33073

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

TITLE ☐ DELETE

D  
NAME FOX, JACK I  
STREET ADDRESS 1512 E. ATLANTIC BLVD.  
CITY - ST - ZIP POMPANO BEACH FL 33060

TITLE ☐ DELETE

D  
NAME FOX, MARCIA A  
STREET ADDRESS 1512 E. ATLANTIC BLVD.  
CITY - ST - ZIP POMPANO BEACH FL 33060

TITLE ☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

D  
NAME FOX, JACK I

1.2 NAME FOX, JACK I

1.3 STREET ADDRESS 5188 N.W. 47th Ave

1.4 CITY - ST - ZIP Coconut Creek, FL 33073

D  
NAME FOX, MARCIA A

2.1 TITLE FOX, MARCIA A

2.2 NAME FOX, MARCIA A

2.3 STREET ADDRESS 5188 N.W. 47th Ave

2.4 CITY - ST - ZIP Coconut Creek, FL 33073

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 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 changed, or on an attachment with an address.

SIGNATURE:

Marcia A Fox

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 18, 1997

954-991-7569

Daytime Phone

CP2E034 (9/96)