

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90071 047 ***158.75

DOCUMENT # P95000037241 (3)

1. Corporation Name

CHILDRENS CENTRAL STATION, INC. *de*

Principal Place of Business

9802 WESTCHASE DRIVE
TAMPA, FL 33626

Mailing Address

1140 KANE CONCOURSE
FIFTH FLOOR
BAY HARBOR ISLANDS, FL
33154

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/09/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country
24 25 US

28 Zip Country
29 30 US

4. FEI Number

65-0580252

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~SILVERS, STEVEN~~
~~920 202ND TERRACE N.W.~~
~~PEMBROKE PINES, FL 33029~~

81 Name

ROBERT HENRY SILVERS

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

1140 KANE CONCOURSE FIFTH FLOOR

83

84 City

BAY HARBOR ISLANDS, FL

85 Zip Code
33154

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

Robert Henry Silvers
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/26/99
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME SILVERS, STEVEN
STREET ADDRESS 670 920 202ND TERRACE N.W.
CITY-ST-ZIP PEMBROKE PINES, FL 33029

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 1140 KANE CONCOURSE FIFTH FLOOR
1.4 CITY-ST-ZIP BAY HARBOR ISLANDS, FL 33154

TITLE S ☐ DELETE
NAME SILVERS, JOY
STREET ADDRESS 920 202ND TERRACE N.W.
CITY-ST-ZIP PEMBROKE PINES, FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 1140 KANE CONCOURSE FIFTH FLOOR
2.4 CITY-ST-ZIP BAY HARBOR ISLANDS, FL 33154

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE: *Robert Henry Silvers*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/99
Date

305 804-7531
Daytime Phone #

CR2E034 (11/98)