FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P95000050579

1. Corporation Name

Wild Child, Inc.

Principal Place of Business
10573 N.W. 53rd Street
Sunrise, FL 33351

Mailing Address
10573 N.W. 53rd Street
Sunrise, FL 33351

3. Date Incorporated or Qualified: 06/28/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 10555 N.W. 53rd STreet	26 600 S. Andrews Avenue
Suite, Apt. #, etc. 22	Suite, Apt. # etc. 27 Suite 400
City & State 23 Sunrise, FL	City & State 28 Fort Lauderdale, FL
Zip 24 33351 / Country 25 USA	Zip 29 33301 / Country 30 USA

4. FEI Number: 65-059-1019 [ ] 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 [X] Yes [ ] No

9. Name and Address of Current Registered Agent

Filings Inc.
3732 N.W. 16th Street
Fort Lauderdale, FL 33311

10. Name and Address of New Registered Agent

81 Name: Bruce D. Green
82 Street Address (P.O. Box Number is Not Acceptable): 600 S. Andrews Avenue
83 Suite 400
84 City: Fort Lauderdale, FL 85 Zip Code: 33301

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] Bruce D. Green, Reg. Agent — DATE 4-15-96

12. OFFICERS AND DIRECTORS

TITLE	D	[ ] DELETE
NAME	Linzer, Leslie	
STREET ADDRESS	10573 N.W. 53rd Street	
CITY-ST-ZIP	Sunrise, FL 33351	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P	[X] Change [ ] Addition
1.2 NAME	Linzer, Leslie	
1.3 STREET ADDRESS	10555 N.W. 53rd Street	
1.4 CITY-ST-ZIP	Sunrise, FL 33351	
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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		

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***200.00

5-1-96 OK

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] Leslie Linzer 4/8/96 (407) 750-7021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #