

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

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May 16 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 # P96000078540 (7)  
1. Corporation Name  
V-KIDS OF WEST PALM BEACH, INC.



Principal Place of Business: 5886 BARBADOS WAY WEST PALM BEACH FL 33407  
Mailing Address: 5886 BARBADOS WAY WEST PALM BEACH FL 33407

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		09/20/1996			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22		27		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
23		28		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30				
Zip	Country	Zip	Country				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JOSEPH, OLLIE V 511 59 STREET WEST PALM BEACH FL 33404				81 Name JOSEPH, Ollie V.			
				82 Street Address (P.O. Box Number is Not Acceptable) 5886 BARBADOS WAY			
				83			
				84 City West Palm Beach FL 85 Zip Code 33407			

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD JOSEPH, OLLIE V 5886 BARBADOS WAY WEST PALM BEACH FL 33419	1.1 TITLE	
NAME	VD JOSEPH, ANDREW E P O BOX 10542 N/A WEST PALM BEACH FL 33419-0542	1.2 NAME	VD JOSEPH, ANDREW E P O BOX 10542 N/A Riviera Beach Fla 33409
STREET ADDRESS	TD JOSEPH, LOVETTER M P O BOX 10542 N/A WEST PALM BEACH FL 33419-0542	1.3 STREET ADDRESS	TD JOSEPH, LOVETTER M 1520 13th ST. Riviera Beach Fla 33409
CITY-ST-ZIP	SD LEONARD, ELWANDA T P O BOX 10542 N/A WEST PALM BEACH FL 33419-0542	1.4 CITY-ST-ZIP	SD Henrietta B. OSBORN 311 59th ST. West Palm Beach, Fla 33404
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Ollie V. Joseph DATE: April 15, 1997 DAYTIME PHONE #: 561-697-8312

CR2E034 (9/96)