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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 16 1997 8:00am

Secretary of State

0509778

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000078540 (7)

V-KIDS OF WEST PALM BEACH, INC.

Principal Place	of Business	Mailing Address						
5886 BARBADOS WAY 5886 B		5886 BARBADOS WAY	•					
		The Frem Denotife South		3. Date Incorporated	or Qualified	3a. Date o	f Last Repor	i
			<del></del>	09/20/1996		<u> </u>	1	
·	lace of Business	2a. Mailing Address		4. FEI Number			Applied	
Suite, Apt.	#. etc -	Suite, Apt. #, etc.				A. S	Not Ap	
2	•	27		5. Certificate of Statu	us Desired	<b>A</b> 3	Fee Require	
City & State	)	City & State	······································	6. Election Campaig	n Financing		\$5.00 May	Be
3		28		Trust Fund Contrit			Added to Fe	es
- Zıpı '∃	Country	Zip	Country	8. This corporation h				.032,
4	9. Name and Address of Currer	29	[30]	Florida Statutes  10. Name and Addre		Yes N		
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	eph, ollie v 59 street		1 [	JOSEPH,	Ollie	<u> </u>		
	T PALM BEACH FL 33404		82 Street	Address (P.O. Bok Number is	Not Acceptab	20.1		
1120	T FACIN DEPOT TE SOTOT		83	DAR HUVUL	C1 777	<u> </u>		
					71	<u> </u>	- T	
			84 City	Jest Palm 1	BEACH	FL 8	Zip Code	07
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statute	es, the above-named	corporation submits this state	ment for the p	urpose of cha	nging its rec	istered
office or re arient. La	egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change was a lations of Section 607 0505. Flo	authorized by the corp orida Statutes	oration's board of directors.	hereby accep	t the appointr	ment as regis	stered
	micromica many care decopit the cong	14 10 000 000 000 000 000 000 000	and Dianatob.					
•								
SIGNATURE	Signature, typical or printed name of registered age	ent and tille if applicable (NOTE	E Registered Agent signature	required when reinstating)		DATE		
SIGNATURE		ent and title if applicable (NOTE	E Registered Agent signature	required when reinstating) ADDITIONS/CHANG	GES TO OFFIC		RECTORS IN	12
SIGNATURE	OFFICERS AN				GES TO OFFIC	ERS AND DIF		
SIGNATURE  12.	OFFICERS AN PD JOSEPH, OLLIE V	ID DIRECTORS	13.		GES TO OFFIC	ERS AND DIF		
SIGNATURE  12.  IIILE  NAME	OFFICERS AN PD JOSEPH, OLLIE V 5886 BARBADOS WAY	ID DIRECTORS	13. 1.1 YITLE		GES TO OFFIC	ERS AND DIF		
SIGNATURE  12.  THE NAME STREEL ADDRESS CITY ST-ZIP	OFFICERS AN PD JOSEPH, OLLIE V 5886 BARBADOS WAY WEST PALM BEACH FL 33418	ID DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		GES TO OFFIC	ERS AND DIF	Change	Addition
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