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

PROFIT CORPORATION ANNUAL REPORT

1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000048488 (5) DOCUMENT

Principal Place of Business	Mailing Address
103 SOUTH US ONE. SUITE B-4 JUPITER FL 33477	103 SOUTH US ONE. SUITE B-4 JUPITER FL 33477

FILED Jun 30 1998 8:00am Secretary of State

TIME OUT FOR KIDS, INC. DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/02/1997 2. Principal Place of Business 2a, Mailing Address Applied For Not Applicable 21 26 Suite, Apt. #. etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Zip Country Ζφ Country 8. This corporation owes or has paid the current year intangible 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 HIRSOH, JULIAN E 103 SOUTH US ONE, SUITE B-4 Street Address (P.O. Box Number is Not Acceptable) 82 jupit**ër** FL 33477 83 84 City Zip Code 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) 12, OF FICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE HIRSCH, JULIAN E NAME 1.2 NAME 103 SOUTH US ONE, SUITE B-4 STREET ADDRESS 1.3 STREET ADDRESS JUPITER FL 33477 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition ☐ Change 3.1 THILE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 5.1 TITLE Addition TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6 1 TITLE 300002578225 6.2 NAME NAME -07/02/98---01001-- 0**24** STREET ADDRESS 6.3 STREET ADDRESS 14. Thereby 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 arrayial 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 arranderes.