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Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # S21644 (7)
1. Corporation Name
A CHILDS PLACE OF BONITA SPRINGS FLORIDA, INC.



Principal Place of Business: 10220 W. TERRY STREET, BONITA SPRINGS FL 32008, US
Mailing Address: 10220 W. TERRY STREET, BONITA SPRINGS FL 34135-4735, US

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

3. Date Incorporated or Qualified: 12/27/1990
3a. Date of Last Report: 04/01/1996
4. FEI Number: 65-0247599
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: Yes No

9. Name and Address of Current Registered Agent: KAESMANN, CAROL A, 1829 IMPERIAL GOLF COURSE BLVD, NAPLES FL 34110
10. Name and Address of New Registered Agent (81-84) fields.

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 furnishing with, and accept the obligations of, Section 607.0505, Florida Statutes.
SIGNATURE: Carol A. Kaesmann
DATE: 4-15-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	KAESMANN, CAROL A 1829 IMPERIAL GOLF CS BD NAPLES FL	1.1 TITLE	
TITLE: D	KAESMANN, HERBERT C 1829 IMPERIAL GOLF CS BD NAPLES FL	1.2 NAME	
TITLE:		1.3 STREET ADDRESS	
TITLE:		1.4 CITY - ST - ZIP	
TITLE:		2.1 TITLE	
TITLE:		2.2 NAME	
TITLE:		2.3 STREET ADDRESS	
TITLE:		2.4 CITY - ST - ZIP	
TITLE:		3.1 TITLE	
TITLE:		3.2 NAME	
TITLE:		3.3 STREET ADDRESS	
TITLE:		3.4 CITY - ST - ZIP	
TITLE:		4.1 TITLE	
TITLE:		4.2 NAME	
TITLE:		4.3 STREET ADDRESS	
TITLE:		4.4 CITY - ST - ZIP	
TITLE:		5.1 TITLE	
TITLE:		5.2 NAME	
TITLE:		5.3 STREET ADDRESS	
TITLE:		5.4 CITY - ST - ZIP	
TITLE:		6.1 TITLE	
TITLE:		6.2 NAME	
TITLE:		6.3 STREET ADDRESS	
TITLE:		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, trustee, or empowereed 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 attached list with an address.
SIGNATURE: Carol A. Kaesmann
DATE: 4/15/97
IDENTIFICATION NUMBER: 597-4443

CR2E034 (9/96)