

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
TAMARA B. MONTGOMERY
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S57576** (8)

1. Corporation Name

TODDLER TECH II, INC.

2. Principal Office

**3230 SO DOUGLAS RD
MIRAMAR FL 33025
US**

3. Mailing Office

**13798 NW 4 STR
ST 306
SUNRISE FL 33325
US**

2. Principal Office of the Director

2a. Mailing Address

26. Mailing Address

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3. Date Incorporated or Qualified

06/06/1991

3a. Date of Last Report

02/01/1995

4. FID Number

65-0273769

Applied For
Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for franchise tax under s. 190.042,
Florida Statutes. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation submits this statement for the purpose of changing its registered office to the address herein set forth, and that the same was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am the only person who is authorized to receive service of process on behalf of the corporation in the State of Florida.

12. Officer and Director

**PST
JOHNSON, CAROLYN
2662 NELSON COURT
FORT LAUDERDALE FL
D
JOHNSON, CAROLYN
2662 NELSON COURT
FORT LAUDERDALE FL
VPD
JOHNSON, WILLIAM
2662 NELSON COURT
FORT LAUDERDALE FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

☐ Change ☐ Addition

14. I, the undersigned, do hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that the same was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am the only person who is authorized to receive service of process on behalf of the corporation in the State of Florida.

SIGNATURE:

Carolyn M. Johnson
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 22, 1996
DATE

*(954)
846-7812*
TELEPHONE NUMBER

CR2E034 (12/95)