FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 9:24

DOCUMENT # S80767 (4)

1. Corporation Name
THE CHILDREN'S EXPRESS, INC.

Principal Place of Business	Mailing Address
15250 S US 41 SUITE G FT. MYERS FL 33908	15250 S US 41 SUITE G FT. MYERS FL 33908

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/16/1991
3a. Date of Last Report: 03/29/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 65-0308842 ☐ Applied For ☐ Not Applicable

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

SHAW, SUSAN L.
15250 S US 41
SUITE G
FT. MYERS FL 33908

10. Name and Address of New Registered Agent

81 Name: Susan L Sandmeyer
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 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: Susan L Sandmeyer (President) DATE: 3/14/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PST	1.1 TITLE		☑ Change ☐ Addition
NAME	SHAW, SUSAN L.	1.2 NAME	Susan L Sandmeyer	
STREET ADDRESS	15250 SUS 41 SUITE G	1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☑ Change ☐ Addition
NAME	SHAW, SUSAN L.	2.2 NAME	Susan L Sandmeyer	
STREET ADDRESS	15250 S. US 1, STE. G	2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE		☑ Change ☐ Addition
NAME	FICHTNER, ALLAN	3.2 NAME		
STREET ADDRESS	17340 SAN CARLOS BLVD., #402	3.3 STREET ADDRESS	231 Wecuwa Dr JBW	
CITY-ST-ZIP	FT. MYERS FL	3.4 CITY-ST-ZIP		
TITLE	VD	4.1 TITLE	VD	☐ Change ☑ Addition
NAME		4.2 NAME	Douglas F Sandmeyer	
STREET ADDRESS		4.3 STREET ADDRESS	9036 Cypress Dr So	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Ft Myers FL	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
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 is voluntarily furnished and 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: Susan L Sandmeyer 3/14/95 813-481-7722
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0922295 CP

APPLICATION NO. 840026 FLORIDA S80767

APPLICATION TO MARRY

GROOM DATA

1. GROOM'S NAME (First, Middle, Last): DL DOUGLAS FRANK SANDMEYER
2. DATE OF BIRTH (Month, Day, Year): 11/17/58
3a. RESIDENCE - CITY, TOWN, OR LOCATION: FORT MYERS
3b. COUNTY: LEE
3c. STATE: FL
4. BIRTHPLACE (State or Foreign Country): SC

BRIDE DATA

5a. BRIDE'S NAME (First, Middle, Last): DL SUSAN LYNN SHAW
5b. MAIDEN SURNAME (If different): FICHTNER
6. DATE OF BIRTH (Month, Day, Year): 5/08/64
7a. RESIDENCE - CITY, TOWN, OR LOCATION: FORT MYERS
7b. COUNTY: LEE
7c. STATE: FL
8. BIRTHPLACE (State or Foreign Country): CT

AFFIDAVIT OF BRIDE AND GROOM

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. GROOM'S SIGNATURE (Sign full name): Douglas Frank Sandmeyer
10. SUBSCRIBED AND SWORN TO BEFORE ME ON: 11/02/94
11. TITLE OF ISSUING OFFICIAL: DEPUTY CLERK
12. SIGNATURE OF ISSUING OFFICIAL: Susan E. Thompson

13. BRIDE'S SIGNATURE (Sign full name): Susan Lynn Shaw
14. SUBSCRIBED AND SWORN TO BEFORE ME ON: 11/02/94
15. TITLE OF ISSUING OFFICIAL: DEPUTY CLERK
16. SIGNATURE OF ISSUING OFFICIAL: Susan E. Thompson

LICENSE TO MARRY

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS

17. DATE LICENSE ISSUED: 11/02/94
18. EXPIRATION DATE: 1/01/95

THIS LICENSE MUST BE USED ON OR BEFORE THE ABOVE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

19a. SIGNATURE OF PERSON ISSUING LICENSE: Charlie Green
19b. BY D.C.
19c. TITLE: CLERK OF CIRCUIT COURT CHARLIE GREEN
20. COUNTY: LEE

CERTIFICATE OF MARRIAGE

21. I HEREBY CERTIFY THAT THE ABOVE NAMED BRIDE AND GROOM WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA
ON 11-11-94 (DATE (month, day, year)) AT Miami (CITY OR TOWN), FLORIDA

22a. SIGNATURE OF PERSON PERFORMING CEREMONY: S Baer
22b. NAME OF PERSON PERFORMING CEREMONY (TYPE OR PRINT): S. BAER
22c. TITLE: NOTARY
22d. ADDRESS: 652 Ave. of Hollywood
23. SIGNATURE OF WITNESS TO CEREMONY: Rebecca Stevens
24. SIGNATURE OF WITNESS TO CEREMONY: [illegible]

SUZANNE E. BAER Notary Public State of Florida My Comm. Exp. Oct 17, 1998 Comm. No. CC372280

RECORDED

25. DATE RETURNED: 11-22-94
26. RECORDED IN BOOK: OR 2791 PAGE: 3200
27. CLERK OF COURT: Susan E. Thompson, D.C.
23. SIGNATURE OF WITNESS TO CEREMONY: [illegible]

INFORMATION BELOW WILL NOT APPEAR ON CERTIFICATION ISSUED BY VITAL STATISTICS, EXCEPT UPON REQUEST.

GROOM	28. RACE: WHITE	29. NUMBER OF THIS MARRIAGE: -2	IF PREVIOUSLY MARRIED SPECIFY 30 - 31	30. LAST MARRIAGE ENDED BY (SPECIFY DEATH, DIVORCE OR ANNULMENT): DIVORCE	31. DATE LAST MARRIAGE ENDED: 01/08/88
BRIDE	32. RACE: WHITE	33. NUMBER OF THIS MARRIAGE: 2	IF PREVIOUSLY MARRIED SPECIFY 34 - 35	34. LAST MARRIAGE ENDED BY (SPECIFY DEATH, DIVORCE OR ANNULMENT): DIVORCE	35. DATE LAST MARRIAGE ENDED: 08/30/93

HRS Form 743, Feb 91 (Replaces Jan 89 edition which may be used)

This license not valid unless seal of Clerk, Circuit or County Court, appears thereon.

AUDIT CONTROL NO. 840026

I, CHARLIE GREEN CLERK OF THE CIRCUIT COURT IN AND FOR LEE COUNTY, STATE OF FLORIDA, DO HEREBY CERTIFY, THAT THE FOREGOING IS A TRUE AND CORRECT COPY AS FILED IN THIS OFFICE.

WITNESS MY HAND AND OFFICIAL SEAL THIS 22 DAY OF Nov A.D. 1994

BY Susan E. Thompson D.C.