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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S82574** (2)

1. Corporation Name

TODDLER TECH OF FT. MYERS, INC.



Principal Place of Business

Mailing Address

**3760 SCHOOLHOUSE RD W
FT MYERS FL 33916
US**

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

3. Date Incorporated or Qualified

09/25/1991

3a. Date of Last Report

01/31/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KOSTICK, ELLIOT D, CPA
7520 NW 5 STR
STE 200
PLANTATION FL 33317**

81 Name

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**PT
JOHNSON, CAROLYN
2662 NELSON COURT
FT. LAUDERDALE FL**

1.1 TITLE ☐ Change ☐ Addition

NAME

1.2 NAME

STREET ADDRESS

1.3 STREET ADDRESS

CITY - ST - ZIP

1.4 CITY - ST - ZIP

TITLE ☐ DELETE

**VS
JOHNSON, WILLIAM
2662 NELSON COURT
FT LAUDERDALE FL**

2.1 TITLE ☐ Change ☐ Addition

NAME

2.2 NAME

STREET ADDRESS

2.3 STREET ADDRESS

CITY - ST - ZIP

2.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME

3.1 TITLE ☐ Change ☐ Addition

STREET ADDRESS

3.2 NAME

CITY - ST - ZIP

3.3 STREET ADDRESS

TITLE ☐ DELETE

NAME

3.4 CITY - ST - ZIP ☐ Change ☐ Addition

STREET ADDRESS

4.1 TITLE

CITY - ST - ZIP

4.2 NAME

TITLE ☐ DELETE

NAME

4.3 STREET ADDRESS ☐ Change ☐ Addition

STREET ADDRESS

4.4 CITY - ST - ZIP

CITY - ST - ZIP

5.1 TITLE

TITLE ☐ DELETE

NAME

5.2 NAME ☐ Change ☐ Addition

STREET ADDRESS

5.3 STREET ADDRESS

CITY - ST - ZIP

5.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME

6.1 TITLE ☐ Change ☐ Addition

STREET ADDRESS

6.2 NAME

CITY - ST - ZIP

6.3 STREET ADDRESS

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carolyn M. Johnson
Jan. 22, 1996 (954)
846-7872

CR2E034 (12/95)