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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Jan 22, 1999 8:00am **Secretary of State**

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1. Corporation	Name # 588800						
**	AND CHILD TEAM, INC.		,€.— s	<u></u>			
LUITEINI	THO OTHER TENING HIT		,			 	
	2 d - 10 d						
Principal Place	of Business	Mailing Address			, , , , , , , , , , , , , , , , , , , ,		
1195 N MILITARY	Y TRAIL #9	1195 N MILITARY TRAIL #9					
WEST PALM BEACH FL 33409 WEST PALM BEACH FL 3340			109		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		1
			V.		10/21/1991		Applied For
Principal Place of Business 2a. Mailing Address		2a. Mailing Address			4. FEI Number	<u> </u>	Applied For Not Applicable
21		26			65-0268783		5 Additional
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Required
22		City & State			6. Election Campaign Financing	\$5.0	10 May Be
City & State	,	28			Trust Fund Contribution		ed to Fees
23	Country	Zip	Country	/	8. This corporation owes the current year	Intangible	
24	25	29	30		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curren	t Registered Agent		Name	10. Name and Address of New Register	ed Agent	
		•	81				
	EILL, HENRY M		82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
	WILMA CIR T PALM EBAHC FL 33404		83		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Converse
AAEO	PALM EDANC 1E 30404					lee Z	ip Code
			84	1 '		FL	·
Add Discounds	to the provisions of Sections 607 050	2 and 607.1508, Florida Statut	es, the abov	/e-named corp	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing	its registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was a	uthorized by rida Statute:	y the corporations.	oration submits this statement for the purpose on's board of directors. I hereby accept the ar	pourument as	, rogiotoroa
agent. i ai	m tamiliar with, and accept the obliga	itions of, coolien conference					
- · · · · - · ·							
SIGNATURE	Signature, typed or printed name of registered ager			ent signature require	d when reinstating) DATE		
SIGNATURE	OFFICERS AN	nt and title if applicable. (NOTE	Registered Age	ent signature require	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		CTORS IN 12
	OFFICERS AN	nt and title if applicable. (NOTE	13.1	ant signature require	ADDITIONS/CHANGES TO OFFICERS	AND DIREC	CTORS IN 12 ge
12. TITLE NAME	OFFICERS AN PS O'NEILL, BEVERLY C	nt and title if applicable. (NOTE	1.1 TITLE	ant signature require	ADDITIONS/CHANGES TO OFFICERS	AND DIREC	CTORS IN 12 ge Addition
12. TITLE NAME STREET ADDRESS	PS O'NEILL, BEVERLY C 320 WILMA' CIR	nt and title if applicable. (NOTE	13. 1.1 TITLE 1.2 NAME	ent signature require	ADDITIONS/CHANGES TO OFFICERS	AND DIREC	CTORS IN 12
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14. I 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 or thetee 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, of on an attachment with an address, with all other the empowered.

SIGNATURE: