

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

**APPROVED  
AND  
FILED**

**95 APR 28 AM 10:13**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # V08894 (0)**

1. Corporation Name  
**CHLDSCO, INC.**

Principal Place of Business Mailing Address  
**2900 NW BOCA RATON BLVD  
BAY #1  
BOCA RATON FL 33431** **2920 NW BOCA RATON BLVD.  
BAY 1  
BOCA RATON FL 33431  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/24/1992** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business 2a. Mailing Address  
**21 2030 NW Boca Raton Blvd 26 2030 NW Boca Raton Blvd**

4. FEI Number **65-0325610** Applied For  
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional  
Fee Required**

23 City & State  
**Boca Raton FL**

28 City & State  
**Boca Raton FL**

6. Election Campaign Financing  
Trust Fund Contribution  **\$5.00 May Be  
Added to Fees**

24 Zip **33431** 25 Country **U.S.A.**

29 Zip **33431** 30 Country **FL**

6. The corporation has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOHLMAN, CHRISTOPHER A  
2920 NW BOCA RATON BLVD.  
BAY 1  
BOA RATON FL 33431**

81 Name **BOHLMAN, CHRISTOPHER A.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**2030 NW BOCA RATON BLVD**  
83  
84 City **Boca Raton** FL 85 Zip Code **33431**

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 acceptable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P</b>
NAME	<b>BOHLMAN, CHRISTOPHER A</b>
STREET ADDRESS	<b>2920 NW BOCA RATON BLVD. #1</b>
CITY - ST - ZIP	<b>BOCA RATON FL</b>
TITLE	<b>VP</b>
NAME	<b>EARWOOD, DAVID</b>
STREET ADDRESS	<b>2920 NW BOCA RATON BLVD. #1</b>
CITY - ST - ZIP	<b>BOCA RATON FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>BOHLMAN, CHRISTOPHER A</b>	
1.3 STREET ADDRESS	<b>2030 NW BOCA RATON BLVD</b>	
1.4 CITY - ST - ZIP	<b>BOCA RATON, FL 33431</b>	
2.1 TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>EARWOOD, DAVID</b>	
2.3 STREET ADDRESS	<b>2030 NW BOCA RATON BLVD</b>	
2.4 CITY - ST - ZIP	<b>BOCA RATON, FL 33431</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
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 included 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 appointed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, as required, in an instrument with an address.

SIGNATURE   
SIGNATURE AND TYPE OR PRINTED NAME OF DOMESTIC OFFICER OR DIRECTOR

**4/24/95** **407-367-1252**  
DATE DAYPHONE