

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 26 AM 10:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **V24829** (6)

1. Corporation Name  
**TIME IN FOR KIDS, INC.**

Principal Place of Business Mailing Address  
**1/2 LAW OFFICES OF STUART R. MORRIS, P.A.**  
**2424 N. FEDERAL HWY., SUITE 314**  
**BOCA RATON FL 33431**  
**8908 STATE ROAD 84**  
**2424 N. FEDERAL HWY., SUITE 314**  
**FT LAUDERDALE FL 33324**  
**US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>03/26/1992</b>		3a. Date of Last Report <b>04/15/1994</b>	
4. FEI Number <b>65-0322020</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business <b>8908 ST. RD. 84</b>				2a. Mailing Address <b>8908 ST. RD 84</b>			
21. Suite, Apt. #, etc.				26. Suite, Apt. #, etc.			
22. City & State <b>DAVIE FL</b>				27. City & State <b>DAVIE FL</b>			
23. Zip <b>33324</b>		25. Country		28. Zip <b>33324</b>		30. Country	

9. Name and Address of Current Registered Agent  
**STUART R MORRIS ESQ**  
**2424 NORTH FEDERAL HWY.**  
**1489 W PALMETTO PARK ROAD**  
**BOCA RATON FL 3346**

10. Name and Address of New Registered Agent  
B1 Name **STEWART MORRIS ESQ**  
B2 Street Address (P.O. Box Number is Not Acceptable)  
**2000 GLADES RD**  
B3 **SUITE 412**  
B4 City **BOCA RATON FL** B5 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	NAME <b>COHN, BARBARA</b>	11 TITLE <b>D, P, T</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>8909 STATE ROAD 84</b>	CITY - ST - ZIP <b>FT LAUDERDALE FL</b>	12 NAME <b>RONALD COHN</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	NAME	13 STREET ADDRESS <b>8908 ST. RD 84</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	14 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	21 TITLE <b>D, V, S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	22 NAME <b>RONALD COHN</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	23 STREET ADDRESS <b>8908 ST. RD 84</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	24 CITY - ST - ZIP <b>DAVIE FL 33324</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	32 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	33 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	42 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	43 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	52 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	53 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	62 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	63 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(b), 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: Barbara Cohn **BARBARA COHN** 4/18/95 305-473-6626  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)