


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

pg. 1

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V24829 (6)
1. Corporation Name
TIME IN FOR KIDS, INC.



Principal Place of Business 8908 STATE ROAD 84 DAVIE FL 33324 US	Mailing Address 8908 STATE ROAD 84 DAVIE FL 33324 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/26/1992	3a. Date of Last Report 04/26/1996 4/95
21 Suite, Apt. #, etc.	25 City & State	26 Suite, Apt. #, etc.	29 City & State	4. FEI Number 65-0322020	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22 City & State	23 Zip	27 City & State	28 Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24 Country	25 Country	29 Country	30 Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MORRIS, STEWART 2000 GLADES ROAD STE 412 BOCA RATON FL 33431		10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City
		85 Zip Code	FL

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	DPT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHN, BARBARA	1.2 NAME	
STREET ADDRESS	8908 STATE ROAD 84	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE	DVS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHN, RONALD	2.2 NAME	
STREET ADDRESS	8908 STATE ROAD 84	2.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Barbara Cohn* **Barbara Cohn** **04/16/97** **8908 STATE ROAD 84**

CR2E034 (4/97)



Because your child's fitness is FUN DAMENTAL

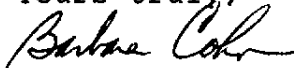
Department of State
P.O. Box 6327
Tallahassee, FL 32314

Dear Sirs:

Enclosed please find my annual report and check for \$165.00. I spoke with Michael at extension 507 and he kindly suggested I write to you.

This is the first annual report packet I have received as president of Time in for Kids, Inc. In January I had surgery on my right shoulder that was quite painful for many weeks. In April I had another procedure. I was impaired for many, many weeks. I never saw an annual packet in the mail. However, I relied on helpers to bring me the mail. Therefore, I cannot be 100% sure that it didn't arrive and get lost. I was at the mercy of others. Still, your packet is so official and distinctive that I know it wouldn't have been intentionally discarded and it is not at Fun Factory. Please accept the enclosed filing fee with my apology. Thank you for your consideration.

Yours truly,


Barbara Cohn