

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

CORPORATION ANNUAL REPORT 1995

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



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 28 PM 1:42

DOCUMENT # **V53651** (8)
1. Corporation Name
CHILDREN'S INN INCORPORATED

Principal Place of Business Mailing Address
% JODI HERSHEY
4294 NAUTILUS DRIVE
MIAMI FL 33140

% JODI HERSHEY
4294 NAUTILUS DRIVE
MIAMI FL 33140

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 **% JODI HERSHEY** 26 **% JODI HERSHEY**
22 **5151 COLLINS AVE, #1127** 27 **5151 COLLINS AVE, #1127**
23 **MIAMI BEACH, FL** 28 **MIAMI BEACH, FL**
24 **33140** 25 **U.S.** 29 **33140** 30 **U.S.**

3. Date Incorporated or Qualified **07/28/1992** 3a. Date of Last Report **02/23/1994**
4. FEI Number **65-0351531** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
HERSHEY, JODI
4294 NAUTILUS DRIVE
MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent
81 Name **HERSHEY, JODI**
82 Street Address (P.O. Box Number is Not Acceptable) **5151 COLLINS AVE, #1127**
83
84 City **MIAMI BEACH** FL 85 Zip Code **33140**

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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	HERSHEY, JODI
STREET ADDRESS	4294 NAUTILUS
CITY, ST, ZIP	MIAMI BEACH FL
TITLE	D
NAME	RAZACK, ADNAN
STREET ADDRESS	1320 15 TERRACE, AP. 14
CITY, ST, ZIP	MIAMI BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	HERSHEY, JODI
13 STREET ADDRESS	5151 COLLINS AVE, #1127
14 CITY, ST, ZIP	MIAMI BEACH, FL 33140
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and claims no liability for the same except as stated in Section 314.02(3)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my corporation shall have the same legal effect as if made on the date that it is an officer or director of this corporation or the receiver or liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this filing as required or as an attachment with an address.

SIGNATURE: **Jodi Hershey**
SIGNATURE AND TITLE OR PRINTED NAME OF BRINGING OFFICER OR DIRECTOR

x 302-84 305
672-1226