

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000014527

1. Corporation Name  
KIDSTOP AT BOYNTON BEACH, INC.

Principal Place of Business  
1490 GATEWAY BLVD.  
BOYNTON BEACH FL 33426  
US

Mailing Address  
1490 GATEWAY BLVD.  
BOYNTON BEACH FL 33426  
US

1 Kendall Square  
Cambridge, MASS 02139

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 1 Kendall Square

22 City & State

27 City & State  
Cambridge MASS 02139

23 Zip Country

28 Zip Country  
02139 USA

9. Name and Address of Current Registered Agent

COOKE, BRIAN J  
515 NORTH FLAGLER DRIVE  
SUITE 600  
WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/17/1993

4. FEI Number

65-0394003

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

TITLE DP  
NAME MENDEL, MARK L  
STREET ADDRESS 7554 ESTRELLA CIR  
CITY-ST-ZIP BOCA RATON FL ☒ DELETE

TITLE DST  
NAME MENDEL, JOAN  
STREET ADDRESS 7554 ESTRELLA CIR  
CITY-ST-ZIP BOCA RATON FL ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Marguerite W. Sallee ☐ Change ☒ Addition  
1.2 NAME CEO  
1.3 STREET ADDRESS 209 10th Ave South  
1.4 CITY-ST-ZIP Nashville, TN 37027

2.1 TITLE Roger Brown ☐ Change ☒ Addition  
2.2 NAME President  
2.3 STREET ADDRESS 1 Kendall Square, Bldg 200  
2.4 CITY-ST-ZIP Cambridge, MASS 02139

3.1 TITLE Mike Haprele ☐ Change ☒ Addition  
3.2 NAME CEO  
3.3 STREET ADDRESS 209 10th Ave South  
3.4 CITY-ST-ZIP Nashville, TN 37027

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 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, with all other like empowered.

SIGNATURE:

MICHAEL AREQUIERO  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2 25 99

Date

(615) 278-9915

Daytime Phone #

0370290

CR2E034 (11/98)