

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR -7 AM 6:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **272712** (1)  
1. Corporation Name:  
**SKY LAKE KIDDIE KOLLEGE, INC.**

Principal Place of Business: **900 WEST LANCASTER ROAD ORLANDO FL 32809**  
Mailing Address: **900 WEST LANCASTER ROAD ORLANDO FL 32809**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/13/1963**  
3a. Date of Last Report: **04/12/1994**

2. Principal Place of Business: **21**  
2a. Mailing Address: **26**  
Suite, Apt. #, etc.: **22**  
City & State: **23**  
Zip: **24** Country: **25**  
City & State: **27**  
Zip: **29** Country: **30**

4. FEI Number: **59-1023307**  
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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

**9. Name and Address of Current Registered Agent**

**BARCO, CARROLL S.  
6220 S. ORANGE BLOSSOM TRAIL  
SUITE 194  
ORLANDO FL 32809**

**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: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when registering)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>
NAME	<b>METT, CARL W</b>
STREET ADDRESS	<b>1211 LINTON AVE.</b>
CITY ST ZIP	<b>ORLANDO FL</b>
TITLE	<b>PD</b>
NAME	<b>METT, CARL W.</b>
STREET ADDRESS	<b>1211 LINTON AVE.</b>
CITY ST ZIP	<b>ORLANDO FL</b>
TITLE	<b>VP</b>
NAME	<b>METT, HARRIETT</b>
STREET ADDRESS	<b>1211 LINTON AVE</b>
CITY ST ZIP	<b>ORLANDO FL</b>
TITLE	<b>ST</b>
NAME	<b>METT, HARRIETT</b>
STREET ADDRESS	<b>1211 LINTON AVENUE</b>
CITY ST ZIP	<b>ORLANDO FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	
1 3 STREET ADDRESS	
1 4 CITY ST ZIP	
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY ST ZIP	
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)(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 checked, or on an attachment with an address.

SIGNATURE: *Carl W. Mett*  
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-95  
DATE