

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY - 1 PM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **426227** (5)

1. Corporation Name
LOVE-N-CARE DAY NURSERIES, INC.

Principal Place of Business Mailing Address
4848 S.W. 61ST AVENUE 4848 S.W. 61ST AVENUE
DAVE FL 33314 DAVE FL 33314

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/22/1973** 3a. Date of Last Report **03/08/1994**

4. FEI Number **59-1459349** 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

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

WECK, JAMES
3045 N. FEDERAL HWY
FT. LAUDERDALE FL

10. Name and Address of New Registered Agent

81 Name **Levi England % England + Donato**
82 Street Address (P.O. Box Number is Not Acceptable) **7700 Davie Road Extension**
83 **Hollywood FL**
84 City **FL** 85 Zip Code **33024**

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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	PD
NAME	MCALLISTER, MARGARET
STREET ADDRESS	4880 SW 61 AVE
CITY - ST - ZIP	DAVE FL
TITLE	ST
NAME	STUBBLEFIELD, CAMILLE
STREET ADDRESS	1641 W OAK KNOLL CR
CITY - ST - ZIP	FT LAUDERDALE 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

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 checked="" type="checkbox"/> Addition
3.2 NAME	vice president
3.3 STREET ADDRESS	Leanne Sullivan
3.4 CITY - ST - ZIP	13851 S.W. 26 St
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)(k), 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: *Margaret McAllister*
AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

margaret mcAllister

4/24/95 305-584-4995
Date Date Filed