

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **426227** (5)

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



Principal Place of Business: **4848 S.W. 61ST AVENUE DAVIE FL 33314**  
Mailing Address: **4848 S.W. 61ST AVENUE DAVIE FL 33314**

2. Principal Place of Business: 21  
2a. Mailing Address: 26  
22. Surety, Apt. #, etc. 27  
23. City & State 28  
24. Zip 25. Country 29. Zip 30. Country

3. Date Incorporated or Qualified: **05/22/1973**  
3a. Date of Last Report: **05/01/1995**  
4. FET Number: **59-1459349**  
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

**ENGLAND, LEVI  
% ENGLAND & DONATO  
7700 DAVIE ROAD EXTENSION  
HOLLYWOOD FL 33024**

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 607.0506, Florida Statutes.

SIGNATURE: \_\_\_\_\_

Signature of registered office or director, president, or partner in partnership: \_\_\_\_\_  
Signature of new registered office or director, president, or partner in partnership: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCALLISTER, MARGARET	
STREET ADDRESS	4860 SW 61 AVE	
CITY-STATE-ZIP	DAVIE FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	STUBBLEFIELD, CAMILLE	
STREET ADDRESS	1641 W OAK KNOLL CR	
CITY-STATE-ZIP	FT LAUDERDALE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SULLIVAN, LEANNE	
STREET ADDRESS	13851 SW 26 ST	
CITY-STATE-ZIP	DAVIE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
4. CITY-STATE-ZIP		
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
7. STREET ADDRESS		
8. CITY-STATE-ZIP		
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		
17. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE-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)(a), 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/96 954 584 4895  
DATE OF FILING OFFICE USE ONLY

CR2E034 (12/95)