

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
Feb 21 1996 8:00 am
Secretary of State

DOCUMENT # 702446 (6)
1. Corporation Name
SARASOTA DAY NURSERY INC



Principal Place of Business: **1651 N ORANGE AVE SARASOTA FL 34230 US**
Mailing Address: **P O BOX 49704 P.O. BOX 49704 SARASOTA FL 34230 US**

3. Date Incorporated or Qualified: **05/19/1961**
3a. Date of Last Report: **05/11/1995**

21. Principal Place of Business 1723 N. Orange Ave.	2a. Mailing Address 1723 N. Orange Ave.	4. FEI Number 59-0968249	Applied For Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State Sarasota FL	28. City & State Sarasota FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip 34234	25. Country US	29. Zip 34234	30. Country US

9. Name and Address of Current Registered Agent LEONARD, CHERYL, DR. 1651 N ORANGE AVENUE SARASOTA FL 34236		10. Name and Address of New Registered Agent	
81. Name Ted Bogusz	82. Street Address (P.O. Box Number is Not Acceptable) 6509 Waterford Circle	83.	84. City Sarasota
		85. State FL	86. Zip Code 34238

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Ted G Bogusz Pres DATE: 1/31/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	NAME CHECK, EDWARD	1.1 TITLE P, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 3501 ABERDEEN DR	SARASOTA FL	1.2 NAME Ted Bogusz	
CITY-ST-ZIP SARASOTA FL		1.3 STREET ADDRESS 6509 Waterford Circle	
TITLE VD	NAME SEIDMAN, SONDR	1.4 CITY-ST-ZIP Sarasota FL 34238	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1015 BOGEY LANE	LONGBOAT KEY FL 34228	2.1 TITLE VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP LONGBOAT KEY FL 34228		2.2 NAME Sandy Carlson	
TITLE TD	NAME DOBBYN, RICHARD	2.3 STREET ADDRESS 233 Blvd. of the Presidents	
STREET ADDRESS 7549 SWANSON LANE	SARASOTA FL 34231	2.4 CITY-ST-ZIP Sarasota FL 34236	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP SARASOTA FL 34231		3.1 TITLE VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TD	NAME BIEGEL, PETER	3.2 NAME Scott Duhlap	
STREET ADDRESS 525 FREELING DRIVE	SARASOTA FL 33242	3.3 STREET ADDRESS 1381 Harbor Dr.	
CITY-ST-ZIP SARASOTA FL 33242		3.4 CITY-ST-ZIP Sarasota FL 34239	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD	NAME SEIDMAN, SONDR	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1015 BOGEY LANE	LONGBOAT KEY FL 34228	4.2 NAME	
CITY-ST-ZIP LONGBOAT KEY FL 34228		4.3 STREET ADDRESS	
TITLE TD	NAME DOBBYN, RICHARD L	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7549 SWANSON LANE	SARASOTA FL 33231	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP SARASOTA FL 33231		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ted G Bogusz Pres DATE: 1/31/96 DAYTIME PHONE #: 941-365-2900

CR2E037 (12/95)