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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 735843

(5)

1. Corporation Name

CREATIVITY IN CHILDCARE, INC.



Principal Place of Business

Mailing Address

4910-D CREEKSIDE DR
CLEARWATER FL 34620

4910-D CREEKSIDE DR
CLEARWATER FL 34620

3. Date Incorporated or Qualified
05/17/1976

3a. Date of Last Report
03/22/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUPPEL, DENNIS
MTD TECHNOLOGIES, INC.
5201 102ND AVE. N.
PINELLAS PARK FL 34666

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TO
NAME MORIARTY, THOMAS
STREET ADDRESS 201 HIGHLAND AVE
CITY-ST-ZIP LARGO FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE PPD
NAME RUPPEL, DENNIS
STREET ADDRESS 911 CHESTNUT ST
CITY-ST-ZIP CLEARWATER FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE PPD
NAME RUPPEL, DENNIS
STREET ADDRESS 911 CHESTNUT STREET
CITY-ST-ZIP CLEARWATER FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE PED
NAME NELL, CURTIS D JR
STREET ADDRESS 8333 BRYAN DAIRY ROAD
CITY-ST-ZIP LARGO FL

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

TITLE PD
NAME BAROLOTTA, JONI
STREET ADDRESS 5999 CENTRAL AVE
CITY-ST-ZIP ST PETERSBURG FL

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

TITLE S
NAME MALMAD, SUE J CPA
STREET ADDRESS 16120 U.S. 19 NORTH
CITY-ST-ZIP CLEARWATER FL

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

1042 Main Street
Dunedin, FL

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-16-96

813 546-2446

CR2E037 (12/95)