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Mar 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J42935

(3)

1. Corporation Name:
J & J CHILD CARE, INC.



Principal Place of Business
822 SW 27TH ST.
FT. LAUDERDALE FL 33315-2636

Mailing Address
822 SW 27TH ST.
FT. LAUDERDALE FL 33315-2636

3. Date Incorporated or Qualified 11/19/1986	3a. Date of Last Report 03/26/1996
4. FEI Number 59-2740873	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. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

DE BRAGANZA, PIA
822 S.W. 27TH STREET
FT. LAUDERDALE FL 33315

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State
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

Signature of the principal officer of registered agent and the Corporation

(If Not, Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	NAME
STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME
STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME
STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME
STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME
STREET ADDRESS	CITY, ST, ZIP
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	Change Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	Change Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	Change Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	Change Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	Change Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	Change 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pia De Braganza 4/11/97 524-2240
P. De Braganza

CR2E034 (9/96)
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