FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT
1997

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

APPROVED AND FILED
97 APR 10 AM 8:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J90217 (7)

1. Corporation Name
THE CHILDREN'S CASTLE PRE-SCHOOL, INC.

Principal Place of Business	Mailing Address
4771 NORTHEAST 22ND AVE. LIGHTHOUSE POINT FL 33064	4771 NORTHEAST 22ND AVE. LIGHTHOUSE POINT FL 33064-7121

3. Date Incorporated or Qualified: 09/01/1987
3a. Date of Last Report: 01/25/1996

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

4. FEI Number: 59-2842419 ☐ Applied ☐ Not Appl

5. Certificate of Status Desired ☐ $8.75 Additio Fee Requirec

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May E Added to Fee

8. This corporation has liability for intangible tax under s. 199.0 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

JOHNSON, PAUL
~~2701 N.E. 48TH STREET~~ 3100 N.E. 48th Ct. #304
LIGHTHOUSE POINT FL 33064

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 regis 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 regist agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JOHNSON, JOYCE ~~2701 N.E. 48TH ST.~~ 3100 N.E. 48th Ct. #304 LIGHTHOUSE PT. FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD JOHNSON, PAUL ~~2701 N.E. 48TH ST.~~ 3100 NE 48th Ct. #304 LIGHTHOUSE PT. FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ 800002141018--0 -04/11/97--01111--005 ****165.00 ****165.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HORNE, WENDY ~~6100 NE 48TH CT., STE. 215~~ ~~LIGHTHOUSE PT FL~~	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☒ Change ☐ 2701 NE 48 St. Lighthouse Point, FL 33064 ~~1401 S.W. 10th St.~~ ~~Boca Raton, FL 33486~~
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ A. Alan 4-10-97

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 oa 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: Paula Johnson PAULA JOHNSON 1/3/97 (954) 782-5594
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Paula Johnson 4/8/97

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