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PROFIT CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 **DOCUMENT # J96287**

(4)

A FIRST STEP FOR EARLY LEARNING, INC.

Principal Place of Business Mailing Address 8405 NORTH 40TH STREET 8405 NORTH 40TH STREET TAMPA FL 33604 TAMPA FL 33604-2437 3a. Date of Last Report 3. Date Incorporated or Qualified 10/01/1987 01/31/1996 2. Principal Place of Business Mailing Address FEI Number Applied For SAME 59-2848629 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation has liability for intantible tax under s. 199.032, 25 Yes No 24 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name FERNANDEZ, OSEANNA 8405 N. 40TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33604** 83 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 farm ar with, and accept the goingations of, Section 607.0505, Florida Statutes. SIGNATURE OFFICERS AND DIRECTORS 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PD DELETE Change Addition 1.1 TITLE THILE FERNANDEZ, OSEANNA M. NAME 1.2 NAME 8405 N. 40TH ST STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL CITY-S1-ZIE 14 CiTY-ST-ZIP DELETE 21 TITLE Change Addition

2.2 NAME

3.1 TITLE

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4 1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

61 TITLE

6.2 NAME

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53 STREET ADDRESS 54 DITY-ST-ZIP

6.3 STREET ADDRESS

3.4. CITY-ST-ZIP

2. 4 City-S1-ZIP

6.4 CITY-ST-ZIP 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 appears in Block 12 or Block 13 if changed, or on an attachment with an adaptess.

SIGNATURE:

TITLE

NAME

TITLE NAME

TITLE

NAME STREET ADDRESS

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NAME

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NAME STREET ADDRESS

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FILED

Jan 28 1997 8:00am

Secretary of State

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