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Secretary of State

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ANNUAL REPORT 1999

Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N31627

1. Corporation Name
THE EMPLOYER/CHILD CARE CONNECTION, INC.

Principal Place of Business Mailing Address
 800 SNELL ISLE BLVD N.E. 800 SNELL ISLE BLVD N.E.
 ST. PETERSBURG FL 33704 ST. PETERSBURG FL 33704
 US US



21	2. Principal Place of Business 543 Sandy Hook Rd	26	2a. Mailing Address 543 Sandy Hook Rd	3.	Date Incorporated or Qualified 04/10/1989
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	4.	FEI Number 59-2970193
23	City & State Treasure Island	28	City & State Treasure Island	5.	Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip Florida	29	Zip Florida	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
25	Country Puerto Rico	30	Country Puerto Rico		

9. Name and Address of Current Registered Agent

OLSEN, SUSAN L.
 800 SNELL ISLE BLVD NE
 ST. PETERSBURG FL 33704

10. Name and Address of New Registered Agent

81	Name Susan L. Olsen
82	Street Address (P.O. Box Number is Not Acceptable)
83	543 Sandy Hook Rd
84	City Treasure Island FL
85	Zip Code 33706

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	ALBRIGHT, JAMES	1.1 TITLE	D Mc Enery, Michael
NAME	701 SIXTH ST. S.	1.2 NAME	2835 20th Avenue North
STREET ADDRESS	ST. PETERSBURG FL	1.3 STREET ADDRESS	St Petersburg, FL 33713
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE D	GORDON, JUDITH	2.1 TITLE	D Baggett Tommy
NAME	9029 BAYWOOD PARK DRIVE	2.2 NAME	220 108th Avenue
STREET ADDRESS	SEMINOLE FL	2.3 STREET ADDRESS	Treasure Island, FL 33706
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE D	DICKSON, DIANA	3.1 TITLE	
NAME	535 20TH AVE. N.E.	3.2 NAME	
STREET ADDRESS	ST. PETERSBURG FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE P	OLSEN, SUSAN	4.1 TITLE	
NAME	800 SNELL ISLE BLVD NE	4.2 NAME	
STREET ADDRESS	ST. PETERSBURG FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Susan L. Olsen **SIGNATURE REQUIRED** 6/29/99 727 821-9305

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)