FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000030581

1. Corporation Name

Principal Place of Business

GET READY, SET, GROW PRESCHOOL INC.

Principal Place of Business Mailing Address								
6450 W ROGERS CIRCLE BOCA RATON FL 33487 BOCA RATON FL 33487								
US	TE SOUT	US			DO NOT WRITE IN THIS S	DACE		
					3. Date Incorporated or Qualifed	HOL		
					04/12/1995			
2. Principal i	Place of Business	2a. Mailing Address		-	4. FEI Number		pplied For	
21		26			65-0238415	<u> </u>	ot Applicable	
Suite, Apt	t. #; etc.	Suite, Apt. #, etc.					Additional	
22					5. Certificate of Status Desired	•	equired	
City & State City & State			1110		6. Election Campaign Financing		•	
23					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip Country Zip			Country		8. This corporation owes the current year Intangible			
24	25	29	10			Yes	□No.	
•	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Ad			
_	7.3	1. 1	81	Name				
RAYBIN, RACHEL H								
17892 HAMPSHIRE LANE			82 Street Address (P.O. Box Number is Not Acceptable)					
SOCA RATON FL 33498			83		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 (00) 197	1915 (13) (2)	
4.3								
			84	City	Strate = 2 to the strate of t	85 Zip (Code	
11 Pursuant	t to the provisions of Sections 607 0502	and 607 1508 Florida Statutos	the above	namad	corporation submits this statement for the purpose of ch		!-44	
Onice or	redistered adent. Of both, in the State of	Florida 'Suich change was aut	honzed hv 1	he corpo	pration's board of directors. I hereby accept the appointr	nent as re	gistered	
	am familiar with, and accept the obligation	ns of, Section 607.0505, Florid	la Statutes.				-	
SIGNATURE	Signature, typed or printed name of registered agent a	ALOTE D		.,	equired when reinstating) ' ,			
12.	OFFICERS AND		13.	signature n	equired when reinstating) , , , , , , , , , , , , , , , , , , ,	DIDECTO	DO IN 40	
TITLE	P	☐ DELETE	1.1 TITLE			Change	Addition	
NAME	RAYBIN, RACHEL H		1.2 NAME			0.12.190		
STREET ADDRESS			1.3 STREET	ADDDECC				
CITY-ST-ZIP	BOCA RATON FL 33498			1				
TITLE	BOCA HATON 1E 00490	DELETE	1.4 CITY-ST	· ZIP		Change	- Addition	
NAME '		- Greene			L	_; Change	Addition	
			2.2 NAME		٠			
STREET ADDRESS			2.3 STREET					
CITY-ST-ZIP .		DELETE	2. 4 CITY-ST	-ZIP		<u> </u>	3.4.7	
SAY	THE REPORT OF	DELETE .	3.1 TITLE]	- , [Change	Addition	
NAME :	投稿。据 陈从写来生。 1117年5月		3.2 NAME				*	
STREET ADDRESS	A PRIVITE SOFT		3.3 STREET		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	14. 维美纳		
CITY-ST-ZIP		C) perezz	3.4. CITY-ST	- ZIP		1,12,111		
TITLE '		☐ DELETE	4.1 ΠΠLE			_{ Change	Addition	
NAME A COLOR	\$ 6.00	The State of the S	4. 2 NAME	1	•			
STREET ADDRESS	States and Adult Adult		4.3 STREET	ADDRESS				
CITY-ST-ZIP	1.6	· ·	4.4 CITY-ST-	ZIP				
TITLE .	•	☐ DELETE	5.1 TITLE			Change	☐ Addition	
NAME !			5.2 NAME	- 1				
STREET ADDRESS			5.3 STREET A					
CITY-ST-ZIP	[1		5.4 CITY-ST-	ZIP				
TITLE	MRAGNAL STATE OF THE STATE OF T	☐ DELETE	6.1 TITLE			Change	Addition	
NAME	TORE HAMP STOR LA		6.2 NAME				ļ	
STREET ADDRESS	ACTA MICHAEL BANGELL		6.3 STREET A	ODRESS	•			

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 of the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 13 if changed of on an attachment with an address, with all other like empowered.

SIGNATURE

FILED

Jan 26, 1999 8:00am

Secretary of State

01-26-1999 90001 003 ***150.00