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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 05 1997 8:00am

Secretary of State

0027065

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000054637 (0)**1, Corporation Name

LITTLE EXPLORER CHILD CARE, INCORPORATED

109 DIXWOOD		10	Mailing Address 109 DIXWOOD AVENUE							
EDGEWATER F	FL 32132	ED	OGEWATER FL 32132-1	603						
							3. Date Incorporated or Qualified 07/12/1995		ate of Last I 01/1996	Report
2. Principal F	Place of Business	26	. Mailing Address			, Ti Ti TR	4. FEI Number		A	pplied For
21	As all	26	District And Hoston				59-3337063			lot Applicable
Suite, Apt 22	#, OG	27	Suite, Apt. #. etc.				5. Certificate of Status Desired			Additional Required
City & Sta	le	*')	City & State				6. Election Campaign Financing	*		May Be
23		28					Trust Fund Contribution			to Fees
- Zijo "∷1	Country		Zip Co.			•	8. This corporation has liability for intangible tax under s. 199.032,			
24	25 9. Name and Address of Curre	29 ent Regis				Florida Statutes Yes No 10. Name and Address of New Registered Agent				
.IFT	TON, MARCY			~···········	81	Name				
	DR. MARY MCLEOD BETHUNE	BLVD.			82	Street Ad	dress (P.O. Box Number is Not Acceptal	n/e)		
DAY	TONA BEACH FL 32114					0.1001714				
					83					
					84	City			85 Zip	Code
44 December	to the previous of Costions CO7 Of	ing and 6	OZ 1608 Elorida Star	tuton the o	hove	named or	rporation submits this statement for the	FL		ite registered
agent. 1 a	registered agent, or bont, in the statement familiar with, and accept the obli-	gations c	of. Section 607.0505,	Florida Sta	tute	5.	ation's board of directors. I hereby acce	DATE	Comment a	s registered
12.	OFFICERS A			13.			ADDITIONS/CHANGES TO OFFI	CERS AN	DIRECTO	RS IN 12
Title	PVD		☐ DETELE	1.1 T	TLE				Change	Addition
NAME	JETTON, MARCY E			1.2 N						
STREET ADDRESS	3127 MANGO TREE DRIVE EDGEWATER FL 32141					ADDRESS				
CHY SI-ZIP	EDOLITATE 32141	***************************************	DELETE	1.4 C		IT-ZIP			Change	Addition
NAM!			man Peterie	2.2 N		ĺ			CLI THENS	
STREET ASORESS				238	TREET	ADDRESS				
CHY+ST_ZIP				2.40	HTY-	ST-ZIP	124	الهوة		
Int			☐ DELETE	31T	TLE	1			☐ Change	Addition
NAME				3.2 N]				
STEEL LADORESS						ADDRESS				
Coly-ST-ZIP Title			DELETE	3.4 (4 t T		ST-ZIP		· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME				4	VAME	ł				
STREET ADDRESS						ADDRESS				
City St. ZiP				4.4.0	ITY-S	ST - 20P				
Title			☐ DELETE	5.1 7	ITLE		· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAM!				5.2 N	IAME	1				
STREET ADORESS				5.3 S	TREET	ADDRESS				
Colly Sto ZiP			***			ST-ZIP				
TIFLE			[] DELETE	6.17					Change	Addition
NAME				6.2 N						
STREET ADDRESS				•		ADDRESS				
011-\$1-28 14 Ldo her	1 eby certify that the information error	ied with t	his bling does not gu			emotion stal	ed in Section 119.07(3)(i), Florida Statute	as I furthe	er certify the	at the
informati Lam an e	ion indicated on this annual report o	r supplen or the rec	mental annual report i ceiver or trustee emp	s true and owered to	acc	urate and th cute this rep	nat my signature shall have the same leg port as required by Chapter 607, Florida	al effect a	is if made u	inder oath; tha