

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

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Jun 02 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P97000067109 (3)  
1. Corporation Name:  
CYNTHIA & JUNICA'S PRE-SCHOOL INC.



Principal Place of Business: 1081 NW 24TH AVENUE, POMPANO BEACH FL 33069  
Mailing Address: 1081 NW 24TH AVENUE, POMPANO BEACH FL 33069

DO NOT WRITE IN THIS SPACE

|   |         |                     |         |  |  |
|---|---------|---------------------|---------|--|--|
| 2. Principal Place of Business                  |         | 2a. Mailing Address |         | 3. Date Incorporated or Qualified                      |  |
| 21  |         | 26                  |         | 09/01/1997   |  |
| Suite, Apt. #, etc.                             |         | Suite, Apt. #, etc. |         | 4. FEI Number  |  |
| 22  |         | 27                  |         | 65-0774465   |  |
| City & State                                    |         | City & State        |         | 5. Certificate of Status Desired                       |  |
| 23  |         | 28                  |         | [X] \$8.75 Additional Fee Required                     |  |
| Zip   | Country | Zip                 | Country | 6. Election Campaign Financing Trust Fund Contribution |  |
| 24  | 25      | 29                  | 30      | [ ] \$5.00 May Be Added to Fees                        |  |
| 9. Name and Address of Current Registered Agent |         |                     |         | 10. Name and Address of New Registered Agent           |  |

MODAS, DANIEL A  
1215 SE 2ND AVENUE #202  
FT. LAUDERDALE FL 33335

81 Name: FLORINA H. SAFFORD  
82 Street Address (P.O. Box Number is Not Acceptable): 3851 N.W. 7 Place  
83 City: Ft. Lauderdale, Florida  
84 City: Ft. Lauderdale, Fla. FL 85 Zip Code: 33311

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 familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Fl. Safford* - Florina H. SAFFORD DATE: 4/28/98

| 12. OFFICERS AND DIRECTORS |                        | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                         |
|----------------------------|------------------------|---|-------------------------|
| TITLE                      | P ROBERSON, CYNTHIA    | 1.1 TITLE   | [ ] Change [ ] Addition |
| NAME                       | ROBERSON, CYNTHIA      | 1.2 NAME  |                         |
| STREET ADDRESS             | 1081 NW 24TH AVENUE    | 1.3 STREET ADDRESS                                    |                         |
| CITY-ST-ZIP                | POMPANO BEACH FL 33069 | 1.4 CITY-ST-ZIP                                       |                         |
| TITLE                      | [ ] DELETE             | 2.1 TITLE   | [ ] Change [ ] Addition |
| NAME                       |                        | 2.2 NAME  |                         |
| STREET ADDRESS             |                        | 2.3 STREET ADDRESS                                    |                         |
| CITY-ST-ZIP                |                        | 2.4 CITY-ST-ZIP                                       |                         |
| TITLE                      | [ ] DELETE             | 3.1 TITLE   | [ ] Change [ ] Addition |
| NAME                       |                        | 3.2 NAME  |                         |
| STREET ADDRESS             |                        | 3.3 STREET ADDRESS                                    |                         |
| CITY-ST-ZIP                |                        | 3.4 CITY-ST-ZIP                                       |                         |
| TITLE                      | [ ] DELETE             | 4.1 TITLE   | [ ] Change [ ] Addition |
| NAME                       |                        | 4.2 NAME  |                         |
| STREET ADDRESS             |                        | 4.3 STREET ADDRESS                                    |                         |
| CITY-ST-ZIP                |                        | 4.4 CITY-ST-ZIP                                       |                         |
| TITLE                      | [ ] DELETE             | 5.1 TITLE   | [ ] Change [ ] Addition |
| NAME                       |                        | 5.2 NAME  |                         |
| STREET ADDRESS             |                        | 5.3 STREET ADDRESS                                    |                         |
| CITY-ST-ZIP                |                        | 5.4 CITY-ST-ZIP                                       |                         |
| TITLE                      | [ ] DELETE             | 6.1 TITLE   | [ ] Change [ ] Addition |
| 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 assignee 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: *Cynthia Roberson* 4/28/98

CR2E034 (10/97)