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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 06 1998 8:00am Secretary of State

DOCUMENT # 653065 (3) THOMAS TOTS NURSERY & KINDERGARDEN, INC.					
Principal Plac	e of Business	Mailing Address			1811 81811 81811 81811 91811 1881
2830 NW 90 MIAMI FL 331 US		2830 NW 90 ST MIAMI FL 33147 US		DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualified	
O Drive level D	No. of Duck and			01/23/1980 4. FEI Number	
21 2/83	D M.W. 90 St	28, Mailing Address 26, \$830 N.V	u-90 St	59-1981451	Applied For Not Applicable
Suite, Apt.	₩, €IC.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	7-1-	6. Election Campaign Financing	\$5.00 May Be
23 Mian	ni, 1-19_	28 Migmi	F19	Trust Fund Contribution	Added to Fees
24 3 314	25 Dade		30 Dade	This corporation owes or has paid the Personal Property Tax due June 30. Name and Address of New Registere	Yes No
MI	30 N.W. 90TH STREET AMI FL 33147		82 Street Add 83 - 4 84 City	<u>'</u>	
office or r agent. 1 a	im familiar with, and accept the obli	igations of, Section 607.0505, Flo	rida Statutes.	poration submits this statement for the purpose attor's board of directors. I hereby accept the a	ppointment as registered
12.	Signature typoid or printed name of registered a OFFICERS A	ND DIRECTORS (NOT	Forgistered Agent's gnature req.	pied when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	81	DELETE	1.1 DILE		Change Addition
NAME	THOMAS, ANDREW		1.2 NAME		;
STREET ADDRESS	2830 N.W. 90TH ST.		1.3 STREET ADDRESS		إ
CITY-ST-ZIP	MIAMI FL VDM	DELFTE	1.4 C(1) Y - S1 - Z(P		Change Addition
TITLE NAME	THOMAS, BERTHA	[] (#(1.1f	2.1 TITLE 2.2 NAME		[] Shange [] Addition (
STREET ADDRESS	2830 N.W. 90TH ST.	·	2 3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 Chy SI-ZIP		
TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		Ì
CITY-ST-ZIP			3.4 CITY+S1-ZIP		
TITLE		DELETE	4.1 10) 6		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZIP		Change Addition
TITLE		בַן טוננונ	5.1 TITLE		□ Onange □ MOGRIDO
NAME STREET ADDRESS			5 2 NAME		
STREET ADDRESS CITY-ST-ZIP			5 3 STREET ADDRESS : 5 4 City - St - Zip		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME		March	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			64 CHY-ST ZIP		
14, Thereby c	contry that the information supplied on this appual report or supplied	with this filing does not qualify for	the exemption stated in	Section 119.07(3)(i), Florida Statutes, I further use shall have the same lenal effect as if made	certify that the information

Indicated on this artifular report of supplemental artifular report is true and accurate and that my signature shall have the same logal effect as it made under dair, that it are officer or director of the corporation or the receiver or fusited 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.

691-0064