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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 08, 1999 8:00am

Secretary of State

02-08-1999 90069 028 ***158.75

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M09241 1. Corporation Name

PLAYCARE DAYCARE PRE-SCHOOL, INC.

Principal Place	e of Business	Mailing Address						•
862 S LECANTO	YWH C	HWY. 491						
. • • • • • • • • • • • • • • • • • • •		P O BOX 186				TE IN TÚIC	00405	
LECANTO FL 34	4461	LECANTO FL 32661			DO NOT WRI	IE IN IHIS	SPACE	
US		US			3. Date Incorporated or Qualifed 12/21/1984			
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		I A	pplied For
21		26			59-2472325		l N	ot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.		· ·			Additional
		27	¬ '''		5. Certifcate of Status Desired	À		equired
City & State			City & State		6. Election Campaign Financing		\$5.00	May Be
 1		28	¬ '		Trust Fund Contribution			to Fees
23 Zip	Country	Zip	Countr	v	8. This corporation owes the curr	ent vear lat		10 1 000
	· · ·	29 30	_	,	Personal Property Tax.	en year na	Yes	□No
24	9. Name and Address of Currer		<u>''</u>		10. Name and Address of New F	Panistered		
	9. Name and Address of Currer	it Registered Agent	8	Name	10. Name and Address of Now 1	togisterou	ngom	
SELV	AS, MARTHA M			1100				
PO BOX 186			82 Street Ad		iress (P.O. Box Number is Not Accepta	able)		
8625 LECANTO HWY			83		100 (100) 100 (100)	en. A. eres e Strikkingspiel	18 1 2 21 3 22	\$190 JUNE 15 31
	ANTO FL 34461						4	
			84		- 104 122 1 1 444 1 201 1 201 1 1 1 1 1 1 1 1 1 1 1 1 1 1	FL	.	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes,	the abov	ve-named cor	poration submits this statement for the	purpose of	changing its	s registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auth ations of, Section 607.0505, Florida	orized by a Statute	y the corporat s.	tion's board of directors. I hereby accep	or are abbor		gistered
4,1	γ_{M} $\rightarrow M$ \sim	ein (Martha	. M.	Serias	Dresident	-	9-9	$\mathbf{q} = 1$
SIGNATURE Signature, typed of printed name of registered agent and title if applicable. (NOTE: Regist								
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: Re	gistered Ag	ent signature requi	red when reinstating)	DATE	-	
12.	OFFICERS AN	int and title if applicable. (NOTE: Re ND DIRECTORS	gistered Age					
		ent and title if applicable. (NOTE: Re	, , , ,		red when reinstating)		ID DIRECTO	ORS IN 12
12.	OFFICERS AN	int and title if applicable. (NOTE: Re ND DIRECTORS	13.	ent signature requi	ADDITIONS/CHANGES TO OF			
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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 607, 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.