


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

FILED

Jan 15 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS							
DOCUMENT # 432777 (1) 1. Corporation Name CHILD ENRICHMENT CENTER, INC.											
Principal Place of Business RT 3, BOX 110C MONTICELLO FL 32344 US			Mailing Address RT 3 BOX 110-C MONTICELLO FL 32344 US								
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 08/14/1973 4. FEI Number 59-1489279 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
9. Name and Address of Current Registered Agent NICHOLS, WILLIAM D 421 WAVERLY RD TALLAHASSEE FL 32312				10. Name and Address of New Registered Agent 81 Name Same 82 Street Address (P.O. Box Number is Not Acceptable) 4108 TAM O'SHANTER 83 TALLAHASSEE 84 City FL 85 Zip Code 32308							
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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE											
12. OFFICERS AND DIRECTORS TITLE <input type="checkbox"/> DELETE NAME V NICHOLS, CRAIG S STREET ADDRESS 421 WAVERLY ROAD CITY-ST-ZIP TALLAHASSEE FL TITLE <input type="checkbox"/> DELETE NAME SD NICHOLS, ROYCE STREET ADDRESS 421 WAVERLY ROAD CITY-ST-ZIP TALLAHASSEE FL TITLE <input type="checkbox"/> DELETE NAME P NICHOLS, WILLIAM DOUGLA STREET ADDRESS 421 WAVERLY RD CITY-ST-ZIP TALLAHASSEE FL TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP						13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME Nichols, CRAIG S. 1.3 STREET ADDRESS 9834 KENAI DR 1.4 CITY-ST-ZIP TALLAHASSEE, FL 32311 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME Nichols, Royce 2.3 STREET ADDRESS 4108 TAM O'SHANTER 2.4 CITY-ST-ZIP TALLAHASSEE, FL 32308 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME Nichols, William Douglas 3.3 STREET ADDRESS 4108 TAM O'SHANTER 3.4 CITY-ST-ZIP TALLAHASSEE, FL 32308 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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 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.											

CR2E034 (10/97)