

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 552198 (4)

1. Corporation Name

OVIDO CHILD CARE CENTER, INC.



Principal Place of Business

387 W BROADWAY  
P.O. BOX 907  
OVIDO, FL. 32765

Mailing Address

387 W BROADWAY  
P.O. BOX 907  
OVIDO, FL. 32765

2. Principal Place of Business

2a. Mailing Address 387 W Broadway

21

26

P.O. Box 620 907

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State OVIDO FL Seminole Co.

23

28

Zip

Country

Zip

Country

24

25

29

32765

30

USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/30/1977

3a. Date of Last Report

01/25/1995

4. FEI Number

59-1794518

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

MULA, FRANK A.  
387 W BROADWAY  
OVIDO FL 32765

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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 registered.)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME MULA, FRANK A.  
STREET ADDRESS 225 WEST BEASLEY  
CITY-STATE-ZIP OVIDO FL ☐ DELETE

TITLE STD  
NAME MULA, BETTY LOU  
STREET ADDRESS 225 WEST BEASLEY  
CITY-STATE-ZIP OVIDO FL ☐ DELETE

TITLE V  
NAME PERKINS, MICHELLE  
STREET ADDRESS 225 W. BEASLEY  
CITY-STATE-ZIP OVIDO FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Betty Lou Mula, Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-96

(407) 365-5621

CR2E034 (12/95)