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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 628516

1. Corporation Name

ARUNGTON DAY CARE INC.

Principal Place of Business   Mailing Address   SymPhOny BEACH LANE   APOLLO BEACH LANE   APOLLO BEACH FL 33572   US   DO NOT WRITE IN THIS SPACE	Applied For Principal Place of Business 723 CARPENTER'S RIN BLVD. 172 FL 33549  173 TAME 172 FL 33549  173 TAME 173 TAME 173 TAME 174 THIS SPACE  175 THIS SPA	ALLING	ON DAT ONIL, INC.					
1723 CARPENTER'S RUN BLVD. LUTZ FL 33549  28  29  20  20  30  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  06/29/1979  2 Principal Place of Business 2a. Mailing Address 3. Date Incorporated or Qualifed  06/29/1979  2 Principal Place of Business 2a. Mailing Address 59-1989659  Not Applied F  Sulte, Apt. #, etc. 5  Certificate of Status Desired 59-1989659  Not Applied F  Sulte, Apt. #, etc. 5  Certificate of Status Desired 55-00 May B  Trust Fund Contribution Added to Fee Required  Trust Fund Contribution owes the current year Intangible Personal Property Tax. 9. Name and Address of Current Registered Agent  NIELSEN, CATHY 907 SYMPHONY BEACH LANE APOLLO BEACH FL 33572  181  Name  192  Street Address (P.O. Box Number is Not Acceptable)  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 register of 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 registere agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registere agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named 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, the above-named 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, the above-named 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, the above-named corporation's board of directors. I hereby accept the appointm	27 Carpenter's Run BLVD.  28 South, Apt. #, etc.  29 Suite, Apt. #, etc.  21 Suite, Apt. #, etc.  27 City & State  City & State  City & State  28 Country  29 30 Name and Address of Current Registered Agent  NIELSEN, CATHY  907 SYMPHONY BEACH LANE APOLLO BEACH FL 33572  84 City  85 Street Address (P.O. Box Number is Not Acceptable)  87 Suite, Apt. #, etc.  29 Suite, Apt. #, etc.  21 City & State  Street Address of New Registered Agent  10. Name and Address of New Registered Agent  NIELSEN, CATHY  907 SYMPHONY BEACH LANE APOLLO BEACH LANE APOLLO BEACH FL 33572  83  City  FL as 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 agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.  ROBATURE  Signature, speed or printed name of registered agent and title if applicable  (NOTE: Registered Agent alignature required when reinstating)  DATE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  City & Statutes, Decided Agent and Line in a policable of Change Addition  City & Statutes, Decided or Country and C	Principal Place	e of Business	, Mailing Address				
APOLLO BEACH FL 33572 US  APOLLO BEACH FL 33572 US  DO NOT WRITE IN THIS SPACE  3, Date Incorporated or Qualified 06/29/1979  4, FEI Number Applied F 59-1989659 Not Applied F 59-1989659 Not Applied F 59-1989659 Not Applied F 6, Election Campaign Financing Trust Fund Contribution Trust Fund Contribution Added to Fees Trust Fund Contribution  Signature, CATHY 907 SYMPHONY BEACH LANE APOLLO BEACH FL 33572  APOLLO	APOLLO BEACH FL 33572 US  APOLLO BEACH FL 33572 US  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 06/29/1979  4. FEI Number Applied For 59-1989659 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. City & State  City & State Apollo Gentification owes the current year Intangible Personal Property Tax.  Personal Property Tax.  NIELSEN, CATHY 907 SYMPHONY BEACH LANE APOLLO BEACH FL 33572  83  City & Country BEACH LANE APOLLO BEACH FL 33572  BA City	1723 CARPENT	FR'S RUN BLVD.	907 SYMPHONY BEACH LAN	Ε			
2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. Date Incorporated or Qualifed 06/29/1979 4. FET Number 59-1989659 Not Applied F 50-1989659 Not Appl	3. Date Incorporated or Qualifed 06/29/1979 2. Principal Place of Business 2. Mailing Address 2. Incorporated or Qualifed 06/29/1979 2. Principal Place of Business 2. Applied For 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 3. Suite, Apt. #, etc. 4. FEI Number 5. 9-1989659 5. Not Applicable 5. Certificate of Status Desired 5. Sertificate of Status Desired 5. Election Campaign Financing 6. Election Campaign Financing 7. Fee Required 7. Trust Fund Contribution 7. Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. 9. Yes 9. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent 9. Name Address of New Registered Agent 8. Name 8. Street Address (P.O. Box Number is Not Acceptable) 8. Street Address (P.O. Box Number is Not Acceptable) 8. Street Address (P.O. Box Number is Not Acceptable) 8. Address of Current Registered Agent 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. 8. Signature, typed or printed name of registered agent and tills # applicable. (NOTE: Registered Agent agentative required when reinstating) 9. DATE 1. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME 12. NAME				-			
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2. Principal Place of Business 2. Mailing Address 3. Mailing Address 4. FEI Number 59-1989659  Suite, Apt. #, etc. 5. Certificate of Status Desired 58.75 Addition Fee Required Fee Required Trust Fund Contribution Added to Fees Required Agded to Fees Required Registered Agent  NIELSEN, CATHY 907 SYMPHONY BEACH LANE APOLLO BEACH FL 33572  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 register office or registered agent to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent to agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent.  SIGNATURE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TIME PD DELETE 1.1 TIME    Applied F. 59-1989659   Not Applied F. 59-1989659   Statuto Control of Statuto Desired   \$8.75 Addition Fee Required   \$8.75 Addition Control of Statuto Desired   \$8.75 Addition Control of Statuto D	2. Principal Place of Business 2. Mailing Address 26							1
Suite, Apt. #, etc.	Suite, Apt. #, etc.  Suite, Ap	-						
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Status Desired   Status Desi	Suite, Apt. #, etc.    Suite, Apt. #, etc.	2. Principal P	lace of Business	2a. Mailing Address				1 · · · · · · · · · · · · · · · · · · ·
Status   S	Scentificate of Status Desired   Fee Required	21						
City & State Country Zip Country Added to Fees Required Personal Property Tax. Added to Fees Required Country Lips Country State Country Registered Agent Personal Property Tax. Registered Agent Personal Property Tax. Registered Agent Name NIELSEN, CATHY 907 SYMPHONY BEACH LANE APOLLO BEACH FL 33572 Street Address (P.O. Box Number is Not Acceptable)  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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TIME PD Country Registered Agent Industry Industr	City & State  Country  Added to Fees  Regulared  State Country  Registered Agent intensible  Personal Property Tax. Yes Mono  Personal Property Tax. Yes Mono  Registered Agent  Registered Agent  Registered Agent  Registered Agent  Registered Agent  Registered Agent  Registered Agent intensible  Registered Agent agent, or both, in the State of Florida. Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Statutes, the above-named corporation's board of directors. I hereby accept the obligations of, Section 607.0505, Florida Statutes.  Registered Agent alignature required when reinstalling)  DATE  OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  NIELSEN, CATHRYN E.	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				E Configurate of Status Desired
Zip   Country   Zip   Country   Zip   Country   8, This corporation owes the current year intangible   Personal Property Tax.   Yes   Ye	Zip Country Zip Country 8, This corporation owes the current year Intangible Personal Property Tax. Yes No.  9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  NIELSEN, CATHY 907 SYMPHONY BEACH LANE APOLLO BEACH FL 33572  81 Name  Street Address (P.O. Box Number is Not Acceptable)  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 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 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TIME  PD GARDER  Added to Fees  8, This corporation owes the current year Intangible Personal Property Tax.  8, This corporation owes the current year Intangible Personal Property Tax.  9, Name and Address of New Registered Agent  10. Name and Address of New Registered Agent  11. Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 Zip Code  14. Late Address (P.O. Box Number is Not Acceptable)  15. Section 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS IN 12  Change Addition  NIELSEN, CATHRYN E.							Fee Required
Zip Country Zip Country 8, This corporation owes the current year intangible Personal Property Tax. Yes Who  9, Name and Address of Current Registered Agent  NIELSEN, CATHY 907 SYMPHONY BEACH LANE APOLLO BEACH FL 33572  10, Name and Address of New Registered Agent  81 Name  Street Address (P.O. Box Number is Not Acceptable)  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 register 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  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE  PD Country  8, This corporation owes the current year intangible Personal Property Tax.  9, This corporation owes the current year intangible Personal Property Tax.  9, This corporation owes the current year intangible Personal Property Tax.  9, Name and Address of New Registered Agent  10, Name and Address of New Registered Agent  11, Name  12, Name and Address of New Registered Agent  12, OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Change  14. City  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Change  16. Change  17. Change  18. Name  19. Name and Address of New Registered Agent  19. Name and Address of New Registered Agent  10, Name and Address of New Registered Agent  10, Name and Address of New Register	Zip   Country   Zip   Country   State of the current year intendible   Personal Property Tax.   Yes   Personal Property Ta	<del>_</del> _ '	e -	City & State -	- 5			
25 29 30 Personal Property Tax.	9. Name and Address of Current Registered Agent  NIELSEN, CATHY 907 SYMPHONY BEACH LANE APOLLO BEACH FL 33572  81  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 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, 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 aignature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 MAKE  NIELSEN, CATHRYN E.			<del></del>				Trust Fund Contribution Added to Fees
9. Name and Address of Current Registered Agent  NIELSEN, CATHY 907 SYMPHONY BEACH LANE APOLLO BEACH FL 33572  81	9. Name and Address of Current Registered Agent  NIELSEN, CATHY 907 SYMPHONY BEACH LANE APOLLO BEACH FL 33572  81 Street Address (P.O. Box Number is Not Acceptable)  82 Street Address (P.O. Box Number is Not Acceptable)  83 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 reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition  Addition of the provisions of New Registered Agent  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 Zip Code  84 City  FL 85 Zip Code  64 City  FL 85 Zip Code  65 City  FL 85 Zip Code  67 Code  67 Code  68 Address (P.O. Box Number is Not Acceptable)  89 Address (P.O. Box Number is Not Acceptable)  80 Address (P.O. Box Number is Not Acceptable)  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 Address (P.O. Box Number is Not Acceptable)  84 City  FL 85 Zip Code  67 Code  67 Code  67 Code  68 Address (P.O. Box Number is Not Acceptable)  85 Address (P.O. Box Number is Not Acceptable)  86 Address (P.O. Box Number is Not Acceptable)  87 DATE  11.1 III.E  12 NAME	Zip	Country	<del></del>	<del>-</del> -1	itry		1 · · · · · · · · · · · · · · · · · · ·
NIELSEN, CATHY 907 SYMPHONY BEACH LANE APOLLO BEACH FL 33572  82 Street Address (P.O. Box Number is Not Acceptable)  83 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 register 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 registere 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)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Change Of the corporation of the purpose of changing its registered agent. I mile In the purpose of changing its registered agent. I mile In the purpose of changing its registered agent. I mile In the purpose of changing its registered agent. I mile In the purpose of changing its registered agent. I mile In the purpose of changing its registered agent. I mile In the purpose of changing its registered agent. I mile In the purpose of changing its registered agent. I mile In the purpose of changing its registered agent. I mile In the purpose of changing its registered agent. I mile In the purpose of changing its registered agent. I mile In the purpose of changing its registered agent. I mile In the purpose of changing its registered agent. I mile In the purpose of changing its registered agent and the purpose of changing its registered agent. I mile In the purpose of changing its registered agent. I mile In the purpose of changing its registered agent and the purpose of changing its registered agent. I mile In the purpose of changing its registered agent and the purpose of changing its registered agent. I mile In the purpose of changing its registered agent and the purpose of changing its registered agent. I mile In th	NIELSEN, CATHY 907 SYMPHONY BEACH LANE APOLLO BEACH FL 33572  82 Street Address (P.O. Box Number is Not Acceptable)  83 FL Street Address (P.O. Box Number is Not Acceptable)  84 City  FL 85 Zip Code  85 Zip Code  86 City  FL 86 Zip Code  87 City  FL 86 Zip Code  88 City  FL 86 Zip Code  89 City  FL 86 Zip Code  89 City  FL 85 Zip Code  89 City  FL 86 Zip Code  80 City  FL 86 Zip Code  80 City  FL 86 Zip Code  80 City  FL 86 Zip Code  81 City  FL 86 Zip Code  81 City  FL 86 Zip Code  82 City  FL 86 Zip Code  83 City  FL 86 Zip Code  84 City  FL 85 Zip Code  85 City  FL 85 Zip Code  86 City  FL 86 Zip Code  87 Code  88 City  FL 85 Zip Code  88 City  FL 86 Zip Code  89 City  FL 85 Zip Code  89 City  FL 85 Zip Code  89 City  FL 85 Zip Code  80 City  FL 85 Zip Code  80 City  FL 85 Zip Code  81 City  FL 85 Zip Code  82 City  FL 85 Zip Code  83 City  FL 85 Zip Code  84 City  FL 85 Zip Code  85 Zip Code  86 City  FL 85 Zip Code  86 City  FL 85 Zip Code  87 City  FL 85 Zip Code  87 City  FL 85 Zip Code  87 City  FL 85 Zip Code  88 City  FL 85 Zip Code  89 City  FL 85 Zip Code  89 City  FL 85 Zip Code  80 City  FL 85 Zip Code  81 City  FL 85 Zip Code  82 City  FL 85 Zip Code  82 City  FL	24			10			
NIELSEN, CATHY 907 SYMPHONY BEACH LANE APOLLO BEACH FL 33572  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 register 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 registere 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 eignature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE    Change   Chan	NIELSEN, CATHY 907 SYMPHONY BEACH LANE APOLLO BEACH FL 33572  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 reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TILLE PD Change Additional Change Addition		9. Name and Address of Current	t Registered Agent			<del></del>	10. Name and Address of New Registered Agent
907 SYMPHONY BEACH LANE APOLLO BEACH FL 33572  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 register 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 registere 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  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Change Of the policy of the corporation of the purpose of changing its registered agent. I must be corporation of the purpose of changing its registered agent. I must be corporation of the purpose of changing its registered agent. I must be corporation of the purpose of changing its registered agent. I must be corporation of the purpose of changing its registered agent. I must be corporation of the purpose of changing its registered agent. I must be corporation of the purpose of changing its registered agent. I must be corporation of the purpose of changing its registered agent. I must be corporation of the purpose of changing its registered agent. I must be corporation of the purpose of changing its registered agent. I must be corporation of the purpose of changing its registered agent and the purpose of changing its registered agent. I must be corporation of the purpose of changing its registered agent and the purpose of changing its registered agent. I must be corporation of the purpose of changing its registered agent. I must be corporation of the purpose of changing its registered agent and the purpose of changing its registered agent and the purpose of changing its registered agent. I must be corporation of t	907 SYMPHONY BEACH LANE APOLLO BEACH FL 33572  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 reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE PD Change Addition  NIELSEN, CATHRYN E.	NUCL	OTH CATHY		ļ'	81	Name	
APOLLO BEACH FL 33572  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 register 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 registere 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  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Change Of the policy of	APOLLO BEACH FL 33572  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 reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TILLE PD				];	82	Street Addres	ss (P.O. Box Number is Not Acceptable)
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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 register 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  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Change Of the printed name of the purpose of changing its registered agent as registered agent as registered agent as registered agent algorithms.	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  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TILE  PD  NIELSEN, CATHRYN E.  12. NAME	APU	LLO BEACH FL 335/2	ميس س		83		
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 register 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 registere 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  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Change Of the printed in the provisions of Section 607.0505, Florida Statutes.	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  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TILE  PD  NIELSEN, CATHRYN E.  12. NAME				H	•	City	ge 7in Code
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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, with all other like empowered.

6.3 STREET ADDRESS

STREET ADDRESS

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90056 008 \*\*\*150.00