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PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

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Jan 16 1997 8:00am

Secretary of State

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Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 638213

(9)

HAPPY FACES DAY CARE CENTER, INC.

Principal Place	of Business	Mailing Address	Mail-ng Address			I PODINA SLIDER LILIEN LEKIN BRODE FREND LIKE KRUEL BESEL DIDEK DISKL SKOLL SLIGEL LODE			
3612 E. MCNEIL ROAD APOPKA FL 32703		3612 E. MCNEIL ROAD APOPKA FL 32703-6851							
						3. Date Incorporated or Qualified 10/02/1979		ite of Last F 25/1996	Report
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number		A	pplied For
21		26				59-1940629			ot Applicable
Suite Apt. i		Suite, Apt #, etc.			5. Certificate of Status Desired	ree Required			
Oity & State 23	····	City & State				6. Election Campaign Financing Trust Fund Contribution		Added	May Be to Fees
Z _i p	Country	Zip	Cour	itry		8. This corporation has liability for i		_	3. 199.032,
24	9. Name and Address of Current	29 Anent	30			Fiorida Statutes 10. Name and Address of New Re		_iNo Agent	
		, riogistered Agent		81	Name	ig, italia and Address of from the	giotoroa	- goin	
	ir, robert neal Shellie Ct		-		· · · · · · · · · · · · · · · · ·	(D.O. Day Aliyahar in Alah Asasarahahar	1-1		h
	IGWOOD FL 32779			82	Street Add	ress (P.O. Box Number is Not Acceptab	iej		
LOIT	1011000 1 2 02//0		1	83					
				84	City		FL	85 Zip	Code
office or re agent. Lar	to the provisions of Sections 607 Usade glistered agent, or both in the State in familiar with, and accept the obliga Signs of agence protecting a checumorbinar	of Florida, Such change was tions of, Section 607.0505, Fl	authorized lorida Statu	by ites	the corpora	poration submits this statement for the p tion's board of directors. I hereby accep ired when reinstating)	ot the app	ointment as	s registered
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE	OP	DELETE	1.1 TOTI					L Change	Addition
NAME	FURR, ROBERT NEAL		1.2 NAI						
STREET ADDRESS	114 SHELLIE CT				ADDRESS				
COTY-ST-ZIP TITLE	LONGWOOD, FL 32779 14 D DELETE 21				F- ZIP			Change	Addition
NAME	FURR-CORNWELL, DAWN ANN			VIE.					,
STREET ADDRESS	114 SHELLIE CT	•			ADDRESS				
CII t - ST - ZIP	LONGWOOD, FL 32779		2.401	ry-S	1- ZIP				
TITLE		☐ DELETE	3.1 111	LE				Change	Addition
NAME			3 2 NAI	ME					
STREET ADDRESS			3.3 STF	REET.	ADDRESS				
C(1Y-S1-7)F		Dr. rrc	3.4. CI		T-ZIP			Channa	Addition
THILE		DELETE	4.1 317					Change	Addition
NAME OTDER TERMINAL			4. 2 NA		*DDDCCC				
STREET ADDIRESS					ADDRESS				
CITY-ST-2IP TITLE		DELETE	4.4 CIT 5 1 TIT		1 - 200			Change	Addition
NAME		Sec. 12	5 2 NA						
STREET ADORESS			1		ADDRESS				
CHY-ST ZIP			5 4 CIT						
7/1/F	i 	DELETE	61 TIT					☐ Change	Addition
NAME			6.2 NA	ME					
STREET ADORESS			6351	REET	AODRESS				
					- 3.5				

14. Lide 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 plack. 13 if changed, or on an attachment with an address.