

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

FILED
Feb 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 653065 (3)
 1. Corporation Name
THOMAS TOTS NURSERY & KINDERGARDEN, INC.



Principal Place of Business 2830 NW 90 ST MIAMI FL 33147 US	Mailing Address 2830 NW 90 ST MIAMI FL 33147 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <u>2830 N.W. 90 St</u> Suite, Apt. #, etc. 22 City & State 23 <u>Miami, Fla</u> Zip 24 <u>33147</u> Country 25 <u>Dade</u>	2a. Mailing Address 26 <u>2830 N.W. 90 St</u> Suite, Apt. #, etc. 27 City & State 28 <u>Miami, Fla</u> Zip 29 <u>33147</u> Country 30 <u>Dade</u>
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3. Date Incorporated or Qualified 01/23/1980	4. FEI Number 59-1981451	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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 type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent THOMAS, BERTHA 2830 N.W. 90TH STREET MIAMI FL 33147	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number Not Applicable) 83 84 City 85 Zip Code FL
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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 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 _____ (NOTE: Registered Agent's signature required when resigning) _____ DATE _____

12. OFFICERS AND DIRECTORS		DELETE
TITLE	ST	<input type="checkbox"/>
NAME	THOMAS, ANDREW	
STREET ADDRESS	2830 N.W. 90TH ST.	
CITY - ST - ZIP	MIAMI FL	
TITLE	VDM	<input type="checkbox"/>
NAME	THOMAS, BERTHA	
STREET ADDRESS	2830 N.W. 90TH ST.	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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.

SIGNATURE: Andrew Thomas & Bertha Thomas 1-30-98 691-0064

CR2E034 (10/97)