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

**PROFIT** CORPORATION **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 689915

(7)

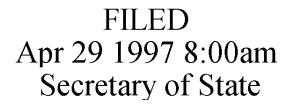
THE LEARNING TREE CHILDCARE PRESCHOOL, INC.

Principal Place of Business

Mailing Address

7702 RENEVA ROAD

7702 RENEVA ROAD





SARASOTA FL 34238			8/	SARASOTA FL 34238-2846						
							3. Date incorporated or Qualified 10/01/1980	3a. Date of Last Report 04/23/1996		
2. Principal Place of Business			2a	2a. Mailing Address			4. FEI Number	Applied F	For	
21			26				59-2033215	Not Appli		
Suite, Apt. #, etc.			27				5. Certificate of Status Desired	d S8.75 Additional Fee Required		
City & State 23			28	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip 24	Country 25			Zip 	Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
		and Address of Ci	29 Urrent Regi	stered Agent	7557	10. Name and Address of New Registered Agent				
CHR	ISTIANSEN,	<b>DEHNER &amp; DAP</b>	IT,PA			81 Name		<del></del>		
1487 2ND ST						82 Street Add	dress (P.O. Box Number is Not Acceptab	JA)		
SARASOTA FL 33577						83	oreas (r. o. box raumber is not Acceptat			
									Ì	
						84 City		FL 85 Zip Code		
11. Pursuant office or r agent. I a	to the provision registered ago im familiar will	ons of Sections 607 ent, or both, in the t h, and accept the c	.0502 and t State of Flor obligations o	607.1508, Florida Statul rida: Such change was of, Section 607.0505, Fl	les, the a aulhorize orida Sta	pove-named cor d by the corpora utes.	rporation submits this statement for the patients board of directors. I hereby accept	urpose of changing its regist of the appointment as registe	itered ered	
SIGNATURE										
12.	Signature, typeo o	x printed name of register OFFICERS	od agent and till S AND DIRE		13.	d Agont signature requ	uired when reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE SERVING DIRECTORS IN 15	<del></del> ;	
TITLE	P	01/102110	7 1 1 10 2 11 11.	DELETE	1.11	ILF	ADDITIONS/CITAINGES TO OTTIC		∠ Addition	
NAME	FERRARA,	RAYMOND M.		-	1.2 N					
STREET ADDRESS	7050 TUR				1.3 \$	REET ADDRESS				
CITY-ST-ZIP	SARASOT	A FL			1.4 C	TY-S1-ZIP				
TITLE	VP			☐ DEL€1E	2.1 11	TLE		Change A	Addition	
NAME	FERRARA,				2.2 N	/ME				
STREET ADDRESS	7050 TUR				2.3 S	REE1 ADDRESS				
CITY-ST-ZIP	SARASOTA	A FL	**** * / / / / / / / / / / / / / / / /	Delete		HY-S1-ZIP				
TITLE				L DELETE	3.1 1			Change A	Addition	
NAME					3.2 N					
STREET ADDRESS CITY-ST-ZIP						REET ADDRESS				
TITLE				DELETE	4.1 TI	ITY-SI-ZIP		Change A	ddition	
NAME					4.2 N	<b>I</b>		المرتبط المرابعة المر		
STREET ADDRESS						REET ADDRESS				
CITY-ST-ZIP						TY-ST-ZIP				
TITLE				☐ DELETE	51 Te			Change A	ddition	
NAME					5 2 N	AME				
STREET ADDRESS					535	HEET ADDRESS				
CITY-ST-ZIP						TY-ST-ZIP				
TITLE	*			DEFEIE	6.1 10	<b>I</b>		☐ Change ☐ Ad	ddition	
NAME	•				6.2 N	<b>I</b>				
STREET ADDRESS						REET ADDRESS				
CITY-ST-ZIP					6.4 C	1Y-\$1-ZiP				

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. 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 eath; 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 Statules; and that my mame appears in Block 12 or Block 13 if changed, or on an attachment with an address.