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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # 694453

1. Corporation Name

CHILDREN'S ACADEMY, INC.

## FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90053 019 \*\*\*150.00

OFFICE	in o nondemit, into											
Principal Place	e of Business	Mailing Ad	dress					( / • • • • • • • • • • • • • • • • • •				
506 LIMONA RE	D´	506 LIMONA	A RD				1					
BRANDON FL 3		BRANDON	FL 33510-2827				1					
							L		DO NOT WE		SPACE	
	· · · ·							3. Date Incorpor. 07/13/198		3		
2. Principal Pl	lace of Business	2a. Mailing	Address					4, FEI Number	_		A	pplied For
21		26	26					59-212239	)7			ot Applicable
Suite, Apt. #, etc.		Suite, /	Apt. #, etc.					5. Certificate of S	Statue Desired			Additional
22		27						g. Ochmodic of c			Fee F	lequired
City & State		City &	City & State					6. Election Camp	paign Financing	, L		May Be
23		28						Trust Fund Co	ontribution		Added	to Fees
Zip	Country	Zip		c	ountry			8. This corporati	on owes the cu	rrent year In		
24	25	29		30				Personal Prop			Yes	□No
	9. Name and Address of Curr	ent Registered A	gent		<b>-</b>			10. Name and A	ddress of New	Registered	Agent	
DI AL	VE CLICANIA C				81	Name						1
	KE, SUSANA S.				82	Street	Address	s (P.O. Box Numb	er is Not Accep	table)		
	LIMONA ROAD							`				
BRAI	NDON FL 33510				83							
					84	City					85 Zip	Code
					0**	City				FL	_   "	
44 Pureuant	to the provisions of Sections 607.0	502 and 607 1508	Florida Statut	tes. the	above	-named	corpora	tion submits this	statement for th	e purpose o	f changing if	s registered
office or re agent. I as	to the provisions of Sections 607.0 registered agent, or both, in the Stat im familiar with, and accept the obli-	te of Florida. Such gations of, Section	change was a 607.0505, Flo	authonze orida Sta	ed by atutes.	the corp	oration's	s board of director	statement for thes. I hereby acc	ept the appo	f changing if	s registered egistered
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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 3 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u>3-29-6</u>

(813)6896820 Daytime Phone #