

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90066 035 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 709381
 1. Corporation Name
ST. ALBAN'S DAY NURSERY, INC.

Principal Place of Business: 3465 BROOKER ST MIAMI FL 33133-4867
 Mailing Address: 3465 BROOKER ST MIAMI FL 33133-4867

272719-90118-35 7



21	2. Principal Place of Business	2a. Mailing Address	3. Date incorporated or Qualified
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	08/02/1965
23	City & State	City & State	4. FEI Number
24	Zip	Zip	59-0766992
25	Country	Country	Applied For
26			Not Applicable
27			5. Certificate of Status Desired
28			<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
29			6. Election Campaign Financing
30			<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
NEUBARD, OSWALD H 13500 WINKFIELD CIR DAVE FL 33331	81 Name: Clarence D. Montgomery 82 Street Address (P.O. Box Number is Not Acceptable): 20490 S.W. 120TH AVENUE 83 84 City: MIRIMAR FL 85 Zip Code: 33025

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent of office 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 I accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* **Exec. Director** DATE: **1-18-99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, J	1.2 NAME	
STREET ADDRESS	9200 S DADELAND BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET, T	2.2 NAME	
STREET ADDRESS	51 SW 1ST AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33130	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, W	3.2 NAME	
STREET ADDRESS	3342 TOMAS AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	3.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMUEL R	4.2 NAME	Valda McKinney
STREET ADDRESS	3920 CHARLES TERRACE	4.3 STREET ADDRESS	10160 N.W. 54TH TRAIL
CITY-ST-ZIP	MIAMI, FL 33133	4.4 CITY-ST-ZIP	Miami, FL 33179
TITLE	ED <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTGOMERY, C D	5.2 NAME	
STREET ADDRESS	20490 SW 120THJ AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIRIMAR FL 33025	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, P A	6.2 NAME	
STREET ADDRESS	99 NE 4THG ST, 800	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33132	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 617, 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.

SIGNATURE: *[Signature]* **REQUIRED** DATE: **1/18/99** (305) 443-1234

CR2E037 (1/98)