SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97; \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

1	997		TILL		CORPORATIONS	3	COICIC	uy or	State
DOCUM 1. Corporation	NENT Name	# 71561	12	(8)					
MANATE	E DAY	CARE SERVICE,	INC.						
Principal Place	of Business		Mail	ing Address					
712 PALM VIEW I				ALM VIEW ROAD					
PALMETTO FL 34				ETTO FL 34221			DO NOT WRITE	IN THIS SDACE	
						3. Date Incorporat		3a. Date of Las	t Report
						11/22/19	68	04/24/	1996
2. Principal Pla	ce of Busin	ess	<u> </u>	Mailing Address		4, FEI Number 59-1228 (120		Applied For
21 Suite, Apt. #	. etc.		26	uite, Apt. #, etc.				_ \$9.7	Not Applicable 5 Additional
22			27			5. Certificate of St	atus Desired	7	Required
City & State			_ _	ity & State		6. Election Campa			00 May Be
23 Zip		Country	28	(ip	Country	Trust Fund Con			ed to Fees
24	ļ	25	29	.15	30	8. This corporation Personal Proper	t owes or nas pai ty Tax due June :		No No
	9. Name	and Address of Curi		red Agent		10. Name and Add			
					81 Name	Patricia	Flen	rina	
Sunquist, patricia a 523 Seagull Way					82 Street	Address (P.O. Box Number	is Not Acceptabl	200	
ANNA MA		216			83	[[U (V)]	view j	ξα	
		2.0			84 City () 		85 Z	in Code
			****	·	"	ametto			ip Code 422(
44 Purcuent to	the provisi	ann at Caatland 617 N						process of changing	a ito ropiotozoa II
office or re	gistered ag	ent, or both, in the Sta	ate of Florida	Such change was	utes, the above-named authorized by the corp	oration's board of directors	atement for the pu s. I hereby accept	t the appointment	as registered
	gistered ag familiar wit	ent, or both, in the Sta th, and accept the ob	ate of Florida	////	_	corporation submits this storation's board of directors	atement for the pt s. I hereby accept	t the appointment	as registered
SIGNATURE		or printed harne of registered	agent and title if a	application (NO	of the above-named a surfnorized by the corporate a statutes. Of the Registered Agent signature	required when rainstating)		8/27/	97_
SIGNATURE	ignature, typed	or printed harne of registered	110	ors	DTE: Registered Agent signature	required when rainstating) ADDITIONS/CHA		DAYE ERS AND DIRECT	97 ORS IN 12
SIGNATURE 6	ignature, typed	or printed name of registered OFFICERS A	agent and title if a	application (NO	TE: Registered agent signature 15. 1.1 TITLE	required when reinstating) ADDITIONS/CHA		8/27/	97 ORS IN 12
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SIGNATURE 6	TD HENSLE	or printed Name of registered OFFICERS A Y, ROBERT NATEE AVE. W	agent and title if a	ors	TE: Registered rigorit signature 13. 1.1 TITLE 12 NAME	required when reinstating) ADDITIONS/CHA	NGES TO OFFICE	DAYE ERS AND DIRECT	ORS IN 12 pe Addition
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	TD HENSLE' 1306 MA BRADEN' SD FOLEY, F	or printed Name of registered OFFICERS A Y, ROBERT NATEE AVE. W TON FL	agent and title if a	Application (No ORS DELETE	11. 11TLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	ADDITIONS/CHAP **C/D** **Peggy Kesten 602 33rd St. **Bradenton, FI S/D Kermit Johnson	Ct. W. 34205	DAYE TO DIRECT Chang	ORS IN 12 pe Addition
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STREET ADDRESS

CITY-ST-ZIP

14. 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 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.

FILED

Sep 03 1997 8:00am