


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 17, 1999 8:00 am
Secretary of State

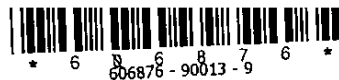
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 727719

1. Corporation Name
HAWTHORNE DAY CARE CENTER, INC.
Hawthorne Learning Center, Inc.

Principal Place of Business 603 S JOHNSON STREET HAWTHORNE FL 32640 US	Mailing Address P O BOX 847 HAWTHORNE FL 32640 US
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2. Principal Place of Business 21 <i>603 South Johnson Street</i>	2a. Mailing Address 26 <i>P.O. Box 2409</i>	3. Date Incorporated or Qualified <i>10/10/1973</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number <i>59-1387927</i>
22	27	Applied For Not Applicable
23 City & State <i>Hawthorne, FL</i>	28 City & State <i>Hawthorne, FL</i>	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24 Zip <i>32640</i>	29 Zip <i>32640</i>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
25 Country <i>US</i>	30 Country <i>US</i>	

9. Name and Address of Current Registered Agent
FRANKLIN, SR JAMES G
603 SOUTH JOHNSON STREET
P O BOX 847
HAWTHORNE FL 32640

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
603 South Johnson Street
 83 *P.O. Box 2409*
 84 City *Hawthorne* **FL** 85 Zip Code *32640*

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, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANKLIN, SR JAMES G	1.2 NAME	
STREET ADDRESS	603 SOUTH JOHNSON ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	HAWTHORNE FL 32640	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANKLIN, BETTY R	2.2 NAME	
STREET ADDRESS	603 SOUTH JOHNSON ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	HAWTHORNE FL 32640	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, LUCILLE	3.2 NAME	
STREET ADDRESS	603 SOUTH JOHNSON STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	HAWTHOREN FL 32640	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *James G. Franklin* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 08/13/99 352-481-2963
 Date Daytime Phone #

001:843
CR2E037 (5/99)