

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **758589** (6)  
1. Corporation Name  
**ABC DAY CARE CENTER, INC**



Principal Place of Business <b>6505 NW 2ND AVE MIAMI FL 33150</b>		Mailing Address <b>6505 NW 2ND AVE MIAMI FL 33150</b>		3. Date Incorporated or Qualified <b>06/02/1981</b>
				4. FEI Number <b>59-1901710</b>
2. Principal Place of Business		2a. Mailing Address		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
22	City & State	27	City & State	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23	Zip	28	Zip	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24	Country	29	Country	

9. Name and Address of Current Registered Agent <b>CONYERS, AGNES B. 2913 N W 185 TERR MIAMI FL 33055</b>		10. Name and Address of New Registered Agent	
		81	Name
		82	Street Address (P.O. Box Number Is Not Acceptable)
		83	
		84	City
		FL	85 Zip Code

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 \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>VTD</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CONYERS, AGNES B</b>	1.2 NAME	
STREET ADDRESS	<b>2913 NW 185TH TERR</b>	1.3 STREET ADDRESS	<b>MIAMI, FLORIDA 33055</b>
CITY-ST-ZIP	<b>MIAMI, FL 00000</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PD</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ELVIN, DALE</b>	2.2 NAME	
STREET ADDRESS	<b>45 NE 68TH TERR</b>	2.3 STREET ADDRESS	<b>MIAMI, FLORIDA 33138</b>
CITY-ST-ZIP	<b>MIAMI, FL 00000</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PENALVER, OSCAR</b>	3.2 NAME	
STREET ADDRESS	<b>488 NW 185 ST RD</b>	3.3 STREET ADDRESS	<b>MIAMI, FLORIDA 33169</b>
CITY-ST-ZIP	<b>MIAMI, FL 00000</b>	3.4 CITY-ST-ZIP	
TITLE	<b>SD</b>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KING, DAISY P.</b>	4.2 NAME	
STREET ADDRESS	<b>8512 SHERATON DRIVE</b>	4.3 STREET ADDRESS	<b>MIRAMAR, FLORIDA 33025</b>
CITY-ST-ZIP	<b>MIRAMAR FL</b>	4.4 CITY-ST-ZIP	
TITLE		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		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.

SIGNATURE: *Agnes B Conyers* Vice President 350-757-4771  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)