

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **852161** (9)
1. Corporation Name
LA PETITE ACADEMY, INC.



Principal Place of Business: **14 CORPORATE WOODS 8717 W 110TH ST., STE. 300 OVERLAND PARK KA 66210**
Mailing Address: **14 CORPORATE WOODS 8717 W 110TH ST., STE. 300 OVERLAND PARK KA 66210**

3. Date Incorporated or Qualified: **03/11/1982**
3a. Date of Last Report: **04/28/1995**
4. FEI Number: **43-1243221**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21** Suite, Apt. #, etc. **22** City & State **23** Zip **24** Country **25**
2a. Mailing Address: **26** Suite, Apt. #, etc. **27** City & State **28** Zip **29** Country **30**

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature (Typed or printed name of signatory must appear on this line) _____ DATE Registered Agent signature required after registration _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLEY, JAMES P	1.2 NAME	
STREET ADDRESS	1900 E. 7TH AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DENVER CO	1.4 CITY-ST-ZIP	
TITLE	CEO <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAHL, JAMES R	2.2 NAME	
STREET ADDRESS	8717 W. 110TH STREET, #300	2.3 STREET ADDRESS	
CITY-ST-ZIP	OVERLAND PARK KS	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANGLEWICZ, DAVID J	3.2 NAME	
STREET ADDRESS	8717 W. 110TH STREET, #300	3.3 STREET ADDRESS	
CITY-ST-ZIP	OVERLAND PARK FL	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, ROBERT	4.2 NAME	
STREET ADDRESS	8717 W. 110TH STREET, #110	4.3 STREET ADDRESS	
CITY-ST-ZIP	OVERLAND PARK FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANE, PHILLIP	5.2 NAME	
STREET ADDRESS	8718 W. 110TH STREET, #300	5.3 STREET ADDRESS	
CITY-ST-ZIP	OVERLAND PARK FL	5.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORD, PEGGY A	6.2 NAME	
STREET ADDRESS	8717 W. 110TH STREET, #300	6.3 STREET ADDRESS	
CITY-ST-ZIP	OVERLAND PARK KS	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 13 if changed, or on an attachment with an address.

SIGNATURE: *Peggy A Ford*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-96 (913) 345-1250

CR2E034 (12/95)