

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Murphree  
Secretary of State  
1905 Bay Street, Tallahassee, Florida 32304

**APPROVED  
AND  
FILED**

59 MAY 11 1995

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **G04508** (9)

**BARHILL PRE-SCHOOL & DAY CARE, INC.**

Principal Place of Business: **% NANCY BARILE**  
2465 STIRLING RD  
FT LAUDERDALE FL 33312

Mailing Address: **% NANCY BARILE**  
2465 STIRLING RD  
FT LAUDERDALE FL 33312

DATE TO WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>10/14/1982</b>	3a. Date of Last Report <b>04/07/1994</b>
4. FE Number <b>59-2233445</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
9. The corporation has liability to contribute to under Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**BARILE, NANCY**  
2465 STIRLING RD  
FT LAUDERDALE FL 33312

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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: *Nancy Barile Pres* **NANCY BARILE** **57-95**

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95**

1. TITLE <b>DP</b>	2. NAME <b>BARILE, NANCY CAROLYN</b>	3. STREET ADDRESS <b>2465 STIRLING RD</b>	4. CITY, ST, ZIP <b>FT LAUDERDALE, FL 00000</b>
5. TITLE <b>VD</b>	6. NAME <b>BARILE, MICHAEL J</b>	7. STREET ADDRESS <b>2465 STIRLING RD.</b>	8. CITY, ST, ZIP <b>FT. LAUDERDALE FL</b>
9. TITLE	10. NAME	11. STREET ADDRESS	12. CITY, ST, ZIP
13. TITLE	14. NAME	15. STREET ADDRESS	16. CITY, ST, ZIP
17. TITLE	18. NAME	19. STREET ADDRESS	20. CITY, ST, ZIP
21. TITLE	22. NAME	23. STREET ADDRESS	24. CITY, ST, ZIP
25. TITLE	26. NAME	27. STREET ADDRESS	28. CITY, ST, ZIP
29. TITLE	30. NAME	31. STREET ADDRESS	32. CITY, ST, ZIP

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(4)(b), Florida Statutes. I further certify that the information indicated on the 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 of Block 13 of changes, or on an attachment with an address.

SIGNATURE: *Nancy Barile Pres* **NANCY BARILE** **57-95 (805) 9616509**