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**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # G50515

HANSEL & GRETEL PRESCHOOL & DAY CARE, INC.

## **FILED** Jan 28 1998 8:00am Secretary of State



Principal Plac	ce of Business	Mailing Address			E LEMERIA ARRA MITAL ARRES MAIRI DEM	E MAIN A IMES MANDS ALAST A	(O) OSOS VIKO IDO
1422 VIRGINIA DRIVE ST. CLOUD FL 34769		1422 VIRGINIA DRIVE St. Cloud Fl 34769					
					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifie		E
					07/20/1983	·u	
2. Principal Place of Business		2a. Mailing Address			4, FEI Number Applied For		
21		26		59-2310338	ŀ	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			<b>\$</b>	7.75 Additional	
22		27			5. Certificate of Status Desired	, , , , , , , , , , , , , , , , , , ,	Fee Required
City & Stat	e	City & State			8. Election Campaign Financing		5.00 May Be
23		28			Trust Fund Contribution		dded to Fees
Zip	Country	Zip	Cou	intry	8. This corporation owes or has		
24	25	29	30		Personal Property Tax due Ju		
	9, Name and Address of Currer	nt Registered Agent			10. Name and Address of New	Registered Ageni	!
RU	PPEL, MALLORIE			81 Name			
	13 PINNACLE CIRCLE		İ	82 Street Add	dress (P.O. Box Number is Not Accept	4-1-1-1	
	NDERMERE FL 34769			Street Add	dress (P.O. Box Number is Not Accept	iadie)	
****			ľ	83		····	
				84 City		FL  85	Zip Code
44 Durouppt	to the provisions of Sections 607,050	2 and 607 1508, Florida	Statutes, the at	pove-named cor	poration submits this statement for the	e purpose of chan	aina its registered
11. Fulsualli					ation's board of directors. I hereby acc	cept the appointme	ent as registered
office or ri	egistered agent, or both, in the State	of Florida. Such change	was authorized	by the corpora	and a sound or all bottom or i horosof acc	. ,,	
	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligations accept the obligations of the control of the c	of Florida. Such change ations of, Section 607.050	was authorized 05, Florida State	d by the corpora utes.	and a state of all sections. This pay do	. ,,	
SIGNATURE							
SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the obligation of the state o	ent and litte if applicable.	(NOTE: Registered	d by the corpora ules.  Agent signature requ	uirad when reinstating)	DATE	
SIGNATURE	Signature, typed or printed name of registered age	ent and litte if applicable.	(NOTE: Registered	d Agent signaturs requ	uired when reinstating) ADDITIONS/CHANGES TO OFF	DATE FICERS AND DIRE	CTORS IN 12
SIGNATURE  12.  TITLE	Signature, typed or printed name of registered age OFFICERS ANI	ent and little if applicable.  D DIRECTORS	(NOTE: Registered	J Agent signature requ	alrod when reinstating)  ADDITIONS/CHANGES TO OFF	DATE	CTORS IN 12
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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.