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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

G92208

(9)

ALICE'S WONDERLAND DAY CARE, INC.

Principal Place of Business	Mailing Address			
515 N RIDGEWOOD AVE DAYTONA BCH FL 32114	515 N RIDGEWOOD AVE DAYTONA BCH FL 32114			
US	US			

	U\$ US				3. Date incorporated or Qual 03/19/1984			Date Incorporated or Qualified 03/19/1984	fied 3a. Date of Last Report 02/03/1995			
2.	Principal Place of Business	2a	. Mailing Address				4.	. FEI Number			Applied For	
21		3				59-2426494				Not Applicable		
22	Suite, Apt. #, etc	Suite, Apt. #, etc.			5.	Certificate of Status Desired		\$8.75 Additional Fee Required				
23	City & State	28	City & State				6.	Election Campaign Financing Trust Fund Contribution			.00 May Be dded to Fees	
24				Cou	puntry		Inis corporation has liability for intangible tax under s 199.032, Florida Statutes					
	9. Name and Addre	ss of Current Regis	stered Agent			10. Name and Address of New Registered Agent						
					81	Name	me					
DECATOR, ALICE M 515 N RIDGEWOOD AVE DAYTONA BCH FL 32114					82	Street Address (P.O. Box Number is Not Acceptable)						
					81							
					84	City			FL	85	Zip Code	
11.	 Pursuant to the provisions of Section or registered agent, or both, in the familiar with, and accept the obligation 	State of Florida, Suc-	h change was authoria	zed by the c	ve r x no:	named corpora oration's board	ition s i of d	submits this statement for the pr frectors. Thereby accept the ap-	irpose of chai pointment as i	nging registe	its registered office cred agent. I am	
SIC	GNATURE								ΓΑ ^Τ Ι			
	Signature typed or printed non a c				ed u	tsignatine osporod	91.7 d. 7	ADD/TIONS/CHANGES 10 OF		DIDE:	DI ODO INLAO	
12	4. C	DEFICERS AND DIREC	CIOHS	13				AUDITIONS/CHANGES TO OF	LINE US WIND	DILLER	DIONS IN 12	

12.	OFFICERS AND DIRECT	TORS	13: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TITLE	PD	☐ D€LET€	1.1 [1]()	PSTD	Change	Addition .			
NAME	DECATOR, ALICE M.		1.2 NAME	DECATOR, ALICE M.					
STREET ADDRESS	515 N. RIDGEWOOD AVENUE		1.3 STREET ADDRESS	515 N. RIDGEWOOD AVENUE					
CITY - ST - ZIP	DAYTONA BEACH FL		14 CITY ST-ZIP	DAYTONA BEACH, FLORIDA					
TITLE	STD	DELETÉ	2 1 TITLE		Change	Addition			
NAME	DECATOR, MARK S.	• •	2.2 NAME						
STREET ADDRESS	515 N. RIDGEWOOD AVENUE		2.3 STRE- TIADDRESS						
CITY - ST - ZIP	DAYTONA BEACH FL		2.4 CHY ST-ZIP						
TITLE		DELETE	3 1 TITLE		Change	Addition			
NAME			3 2 NAME						
STREET ADDRESS			3.3 STREET ADDRESS						
CITY - ST - ZiP			3.4 CITY ST-2IP						
TITLE		DELETE	4 1 TITLE		Change	Add:tion			
NAME			4.2 NAME						
STREET ADDRESS			4.3 STRE TIADDRESS						
CITY -ST - Z:P			4.4 City St-ZIE						
TITLE		DELETE	5 1 T fL)		Change	Addition			
NAME			5.2 NAM:						
STREET ADDRESS			53 STHE T ADDRESS						
CITY-ST-ZIP			5.4 CITY ST-7-P						
TITLE		DE; ETE	6 1 TITL'		☐ Change	Addition			
NAME			6.2 NAM:						
STREET ADDRESS			6.3 STRE I ADDRESS						
City of the			6.4 CHTV ST. 7IP						

14. 1 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualfy 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 comporation or the receiver or trustee empoweren to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if phanget (a) on an attachment with an address

SIGNATURE:

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