FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H14578

(9)

WEE CARE PRE-SCHOOL, INC.

Mailing Address

1	'ILEL)
Apr 28	1998	8:00am
Secret	tary o	f State



3130 MCMULLEN BOOTH ROAD CLEARWATER FL 34621		3130 MCMULLEN BOOT CLEARWATER FL 34621	3130 MCMULLEN BOOTH ROAD CLEARWATER FL 34621		DO NOT WRITE IN THIS	S SPACE		
					Date Incorporated or Qualified 07/30/1984			
2. Principal Place of Business 2a. Mailing Address		2a. Mailing Address	•		4. FEI Number	Ap	oplied For	
21		26			59-2437981	No	ot Applicable	
		Suite, Apt. #, etc.	r, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	e	City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	Added 1	to Fees	
Zip	Country	Zιp	Count	ry	This corporation owes or has paid the corporation.			
24	25	29	30		Personal Property Tax due June 30.		_ No	
	9. Name and Address of Co	urrent Registered Agent		4	10. Name and Address of New Registere	a Agent		
	LEBOE, CHARLES R.		8	1 Name				
279	90 SUNSET POINT ROAD		8	82 Street Address (P.O. Box Number is Not Acceptable)				
CLI	EARWATER FL 34821		8	3			. = =	
			8	4 City		. 85 Zip (Code	
			•	City	F		VVIII	
office or r	registered agent or both in the :	7.0502 and 607 1508, Florida Stati State of Florida. Such change was obligations of, Section 607.0505, F	s authorized i	by the corpora	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	of changing it ppointment as	ts registered registered	
SIGNATURE		U						
SIGNATURE	Signature, typind or printed name of register		OTE Registered A	gent signature requ	uired when reinstating) DATE			
12.		S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 12	
TITLE	DPT	☐ DELETE	1.1 TITLE			Li Change	L. Abdition	
NAME	HARDY, ROBERT		1.2 NAM					
STREET ADDRESS	3130 MCMULLEN BOOTI	H ROAD	1.3 STRE	ET ADDRESS				
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY			TT 55	Addition	
TITLE	DVS	DELETE	2.1 TITLE			Change	Addition	
NAME	HARDY, SARAH		2.2 NAM	E				
STREET ADDRESS	3130 MCMULLEN BOOTI	H ROAD	2.3 STRE	ET ADDRESS				
CITY-ST-ZIP	CLEARWATER FL		2.4 City	-ST-ZIP			T NAME OF	
TITLE		☐ DELETE	3.1 TITLE			Change	Addition	
NAME			3.2 NAM	E				
STREET ADDRESS				ET ADDRESS				
CITY - ST - ZIP				- ST - ZIP		700000	A delite -	
TITLE		☐ DELETE	4.1 TITLI	1		Change	Addition	
NAME			4.2 NAN	·- 1				
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			4.4 CITY			Chorse	Addition	
TITLE		☐ DELETE	5.1 TITLI			Change	L AUGINO7	
NAME			5.2 NAM	· .				
STREET ADDRESS				ET ADORESS				
CITY-ST-ZIP				- S1 - ZIP		Observe:	Addition	
TITLE	1	[] DELETE	6.1 TITLE			Change	☐ ¥aaiiian	
i								
NAME			6.2 NAM					
NAME Street adoress								

Thereby 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 informatio indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.