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

**PROFIT** CORPORATION ANNUAL REPORT 1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90022 032 \*\*\*150.00

ADHANA	H'S DAY CARE CENTER	I INC.									
Principal Place	e of Business	Ma	iling Address				-	DII	Oldi (161 ninii di		
2501 NW 206TH			1 NW 206TH STREET								
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	· .					· ·	09/20/19			,	
2. Principal Pl	tace of Business	2a.	Mailing Address				4. FEI Number			— <u> </u>	plied For
21		26		_			59-24538	85			ot Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certifcate of	f Status Desired		<b>\$0.73</b> /	Additional equired
City & State	· · · · · · · · · · · · · · · · · · ·	27	City & State	_			& Floation Cor	mpoign Einanoina		\$5.00	
23	e	28	Ony & Olate				Trust Fund	mpaign Financing Contribution			to Fees
Zip ·	Country	1201	Zip	Соцг	ntry		1	ation owes the cui	rent vear Inte		
24	25	29	•	30	•		Personal Pr			Yes	□No
24	9. Name and Address of Cur	1,1	tered Agent	1				Address of New	Registered /	Agent	
			_ <del></del>		81	Name		•			
	DUE, ADRANAH			ŀ	82	Street Addres	ss (P.O. Box Num	ber is Not Accept	table)		_
	N.W. 206TH STREET			Į				·	·		
OPA	LOCKA FL 33056			-	83						
				ŀ	84	City	·	-	FL	85 Zip	Code
		0500 1 00	27 4500 Flatida 04-1-1		01/0-		ration submits this	statement for the		changing its	registered
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office or re	to the provisions of Sections 607. registered agent, or both, in the St im familiar with, and accept the ob	tate of Florid	a. Such change was a	uthorized	by tr	-named corpoi he corporation	n's board of direct	ors. I hereby acce	ept the appoir	ntment as re	egistered
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14. I hereby 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 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 an attachment with an address, with all other like empowered.

6.4 CITY+ST+ZIP

SIGNATURE:

CITY-ST-ZIP