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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

H63483 **DOCUMENT #** 1. Corporation Name

(2)

KIDS LOVE US CHILD CARE, INC.

(1100 1								-	
 Principal Place of	f Business	Mailing Address				- L MANTANIA ALIAN ALIAN ALANA ALANA AND ALIANA	BA SIN ANEN AN) (1 W 1841 W	/SH 01011 01011 1001
	L BRANCH RD.	4605 HOWELL I 6931 JACKMAN	BLVD						
WINTER PARK FL 32792		WINTER PARK	WINTER PARK FL 32792		3. Date Incorporated or Qualified 3a. Date of Last Repo				
2. Principal Plac	e of Business	2a. Mailing Address	3			4. FEI Number			Applied For
1		26				59-2550274			Not Applicable
Suite, Apl. #,	etc.	Suite, Apt #, et	íC.			5. Certificate of Status Desired			5 Additional Required
Ory & State		City & State				Election Campaign Financing Trust Fund Contribution		Add	00 May Be led to Fees
Ј.,	Country	Zip	Cor	ountry		8. This corporation has liability for i		x under	s 199.032,
1	25	29	30	-r			□ No	Agent	
	9. Name and Address of Curren	t Registered Agent		81	Name a	10. Name and Address of New R	egistered 1	rgent .	
				["]	Name				
	RIGO, JAMES D.		82 Street Ad		Street Addre	ess (P.O. Box Number is Not Acceptab	ole)		
	ACKMAN BLVD			83					
WINTER	PARK FL 32792							-11	7:- 0-4-
				84	City		FL	85	Zip Code
	dynature, typed or printed name of registered agent. OFFICERS ANI		(NOTE Registere		int signature required	s when reinstating' ADDITIONS/CHANGES TO OF F			
12. TILLE	OFFICERS AN	D DIKE CTORS		1 TITLE	7	ADDITION OF WINDLES VICES		Chang	
NAME	FRATERRIGO, JAMES D.		1.2	NAME					
UPEET ADDRESS	6931 JACKMAN BLVD		1.3	STREE	r address				
::1Y-\$1-2IF	WINTER PARK FL			CITY - S				1 Chang	ne 🗍 Addition
TLF	\$	☐ DELET		1 TITLE				السام الـــ	, L Routon
IAME	FRATERRIGO, RHONDA L. 6931 JACKMAN BLVD		27	NAME:					
STEELT ADDRESS	DAZI JUCKWAM DEAD		,,		Į.				
	WINTED DARK FI			3 STHEE	T ADDRESS				
	WINTER PARK FL	DELFT	24		T ADDRESS ST-ZIP			☐ Chang	ge Addition
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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 on an attachment with an address.

SIGNATURE:

enes D. Fraterrigo 1/15/96 (407)678-80/16