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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

Principal Place of Business 411 WHITE DRIVE TALLAHASSEE FL 32304 POCUMENT # H80399 (9) A CHILD'S DELIGHT DAY CARE CENTER, INC. Mailing Address 411 WHITE DRIVE TALLAHASSEE FL 32304									
				THE THOUSE TE	02007		DO NOT WRITE IN THIS S 3. Date Incorporated or Qualified	PACE	
2.	Principal Place of Business			2a. Mailing Address	2a. Mailing Address		10/11/1985 4. FEI Number	7	Applied For
21	Suite, Apt. #, etc.			Suite Apt # etc	Suite, Apt. #, etc.		59-2583732	607	Not Applicable
22	Ogite, Apr. #, ego.			27	h1		5. Certificate of Status Desired		5 Additional Required
1	City & State	е		City & State			6. Election Campaign Financing		00 May Be
23	Zip	Country		28 Zip	Zip Country		Trust Fund Contribution This corporation owes or has paid the current of		ed to Fees
24		25 29		<u>├</u> ─┐ `	30			Yes	No No
				rent Registered Agent			10. Name and Address of New Registered A	gent	
VINE, NANCY						B1 Name			
411 WHITE DR. TALLAHASSEE FL 32304					[82 Street Ad	dress (P.O. Box Number is Not Acceptable)		
					ļ	B3			
					ļ	84 City	FL	85 Z	ip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of charge or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appoint agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								changin inlment	g its registered as registered
SIGNATURE									
12		Signature, typed	Signature, typod or printed name of registered agent and title if applicable (NOTI OFFICERS AND DIRECTORS			Agent signature req	ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	ORS IN 12
	itle PD			DELETE		.F		Chang	
	NAME VINE, NANCY					A E			
STREET ADDRESS 411 WHITE D				1	EET ADDRESS				
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NAME				2.2 NAM	, i	•		go reculton	
STF	STREET ADDRESS			2.3 STR	EE1 ADDRESS			ľ	
CITY-ST-ZIP					Y-SI-ZIP				
1	TITLE		[_] DELETE	DELETE 3.1 TITLE		L	Chang	ge L. Addition	
	NAME			3.2 NAN				1	
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NA					6.2 NAN		L	- origing	o noullion ∾i
	LEET ADDRESS					FET ADDRESS			
i	Y-\$1-ZIP					7-S1-ZIP			
		artifus that the	o information puppling	d with this filing does not gue			n Section 119 07/3Vi). Florida Statutes, I further cort	de that	the information

• Figure 2 certify that the information supplied with this hing coos 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 suppliemental 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 employeered 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:

in Di Vine

2-2-98

FILED

Feb 06 1998 8:00am

Secretary of State