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PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H89913

(8)

BIG RED APPLE PRE-SCHOOL, INC.

T LITARRIC RURU TÜHÜR BALKA GARRI KARDA MULU RURU BÜRKU AL

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Feb 12 1997 8:00am

Secretary of State

Principal Place of Business Mailing Address						T TOURIDIT DIST SOME INCHES	LULUA PAURU PLĖĖ I	TOURI #1011 D	BUR WITH BREA	1 3 (01) 10 ()
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					•	3. Date Incorporated of 12/12/1985	Qualified		te of Last F 4/1996	Report
2. Principal P	Place of Business	2a. Mailing Add	ress			4. FEI Number		V1/4		pplied For
21		26				59-2605643				ot Applicable
Suite, Apt	#, etc	Suite, Apt. #	, etc.			5. Certificate of Status	Doolsod		\$8.75	Additional
22		27	····			J. Certificate of Status	Desireu	<u></u>	Fee R	equired
City & Stat	(c)	City & State				6. Election Campaign F		_		May Be
23] Zip	Country	28 Zip		· manager (Trust Fund Contribut		<u> </u>		to Fees
24	[25]	29	⊢	ountry		8. This corporation has		tangible Yes		s. 199.032,
<u> </u>	9. Name and Address of Curr		30			Florida Statutes 10. Name and Address				
HAG	STETLER, NORELLA F.			81	Name	TO: TIETTO GITO AGGIODE	Of Non-110g	1010100 F	gent	
	S. COURTENAY PKWY									
	RRITT ISLAND FL 32952			82	Street Add	ress (P.O. Box Number is No	ot Acceptabl	e)		
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*				84	City			FL	85 Zip	Code
office of t	to the provisions of Sections 607.0 registered agent, or both, in the Sta rm familiar with, and accept the obl	ate of Florida. Such char	ige was authoriz	zed by	the corporal	poration submits this statemation's board of directors. I he	ent for the pu ereby accept	rpose of the appo	changing i	ts registered registered
SIGNÁTURE										
	Signature typod or printed namic of registered	agent and title if agot cable								
12	OFFICE DE A				nt signature requi	red when reinstating)	A A AFFIN	DATE	DIDEATA	20 11 12
12.		AND DIRECTORS	13	3.	nt signature requi	red when reinstating) ADDITIONS/CHANGE	S TO OFFICE			
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I do 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; the I am an officer or director of the corporation or the receiver or tristee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 3 if changed on an attachment with an address.

SIGNATURE:

SIGNING OFFICER OR DIRECTOR

-3/97 407-453-667