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Feb 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J10860 (1)

1. Corporation Name  
MONKEY TREE CHILD CARE CENTER, INC.



Principal Place of Business  
4224 NORTH US 1  
FT. PIERCE FL 34946

Mailing Address  
4224 NORTH US 1  
FT. PIERCE FL 34946-8447

3. Date Incorporated or Qualified 04/23/1986	3a. Date of Last Report 03/04/1996
4. FEI Number 59-2718999	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

DOOLING, WILLIAM F.  
4224 NORTH US #1  
FT. PIERCE FL 34946

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 changing its registered office 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 appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	
NAME	DOOLING, EVELYN J.	12 NAME	
STREET ADDRESS	4224 N US #1	13 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL	14 CITY-ST-ZIP	
TITLE	VST	21 TITLE	
NAME	DOOLING, WILLIAM F.	22 NAME	
STREET ADDRESS	4224 N US #1	23 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	
NAME	DOOLING, WILLIAM F.	32 NAME	
STREET ADDRESS	4224 N US #1	33 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. 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; 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: *William F. Dooling* 2/1/97 561-465-1711  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)