FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J42920 (5)

1. Corporate Name
MANALAPAN PHARMACY COMPANY, INC.

Principal Place of Business
% CT CORPORATION SYSTEM
6751 WEST BROWARD BOULEVARD
PLANTATION FL 33324

Mailing Address
% CT CORPORATION SYSTEM
6751 WEST BROWARD BOULEVARD
PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/19/1986
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite Apt. # (22) (27)
City (23) (28)
State (24) Zip (25) (29) Country (30)

4. FEI Number: 59-2750579 — Applied For / Not Applicable

5. Certificate of Status Desired — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution — $5.00 May Be Added to Fees

8. Is this corporation filing voluntarily pursuant to Section 617.1905, Florida Statutes: Yes / X No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

11. The above Principal Place of Business, Mailing Address, Registered Agent and/or Registered Office address may be changed on this report. To change its registered office or registered agent, the corporation's board of directors must, or the appointed or registered agent may, execute the statement on page 2 of this report.

12. OFFICER AND DIRECTOR DATA	13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS
P	Change / Addition
OXENHANDLER, HUGH	
204 SOUTH OCEAN	
MANALAPAN FL	
DVT	Change / Addition
FORD, FREDERICK C.	
33 WEST MONROE STREET	
CHICAGO IL	
DV	Change / Addition
KRAMER, DOUGLAS	
33 WEST MONROE STREET	
CHICAGO IL	
DVS	Change / Addition
KRAMER, ANTHONY F	
33 WEST MONROE STREET	
CHICAGO IL	
S	Change / Addition
BAILEY, FORREST D.	
33 WEST MONROE STREET	
CHICAGO IL	
AS	Change / Addition
MADSEN LORRAINE N.	
33 WEST MONROE ST.	
CHICAGO IL 60603	

14. To the best of my knowledge, all the information supplied with this report is voluntarily furnished and true and complete, for the purpose stated in Section 617.1905, Florida Statutes. I further certify that the corporation named in the annual report or supplemental annual report has complied with all the requirements of Chapter 617, Florida Statutes, and that all fees due to the Department in connection with this report are enclosed. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an arrow.

SIGNATURE: Lorraine N. Madsen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Lorraine N Madsen, Assistant Secretary

4-26-95 (Date)
312-346-8600 (Daytime Phone #)

0231448 CP

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DIVISION OF CORPORATIONS

DOCUMENT # J42935 (3)

1. Corporation Name

J & J CHILD CARE, INC.

Principal Place of Business: 822 SW 27TH ST. FT. LAUDERDALE FL 33315-2636

Mailing Address: 822 SW 27TH ST. FT. LAUDERDALE FL 33315-2636

DO NOT WRITE IN THIS SPACE

FILED ... 11:04 ... TALLAHASSEE, FLORIDA

3. Date Incorporated or Qualified: 11/19/1986

3a. Date of Last Report: 04/18/1994

4. FEI Number: 59-2740873 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. The corporation is ... Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DE BRAGANZA, PIA
822 S.W. 27TH STREET
FT. LAUDERDALE FL 33315

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BEBRAGANZA, NOEL
STREET ADDRESS	822 SW 2TH ST
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	STD
NAME	DEBRAGANZA, PIA
STREET ADDRESS	822 SW 27TH ST.
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the 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: PBraganza PIA DE BRAGANZA 4th april 95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE
Daytime Phone: 524-2240

0024007 CP