

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J56171 (8)

1. Corporation Name

NEIGHBORHOOD KIDS PRESCHOOL OF PLANTATION, INC.

Principal Place of Business

4610 N.W. 9TH COURT
PLANTATION FL 33317

Mailing Address

4610 N.W. 9TH COURT
PLANTATION FL 33317



2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

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City & State

23

Zip

Country

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Suite, Apt. #, etc.

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City & State

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Zip

Country

9. Name and Address of Current Registered Agent

AMOS, JACQUELYN
22548 CARAVELLE CIRCLE
BOCA RATON FL 33433

81

Name

82

Street Address (P.O. Box Number is Not Acceptable)

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84

City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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

Signature of Registered Agent

Signature of Officer or Director

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

PD
AMOS, JACQUELYN
22548 CARAVELLE CIRCLE
BOCA RATON FL

☐ DELETE

TITLE
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97. TITLE
98. NAME
99. STREET ADDRESS
100. CITY- ST- ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

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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)(b), 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 this 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:

Jacquelyn Amos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/96 605-748-4409
DATE AND TELEPHONE NUMBER

CR2E034 (12/95)