SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 AUG 10 PM 12:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # J83310 (9)

1. Corporation Name
L'IL FOLKS DAY CARE, INC.

Principal Place of Business
% LINDA LANTERMAN
4201 BAHIA VISTA ST.
SARASOTA FL 34232

Mailing Address
% LINDA LANTERMAN
4201 BAHIA VISTA ST.
SARASOTA FL 34232

3. Date Incorporated or Qualified: 07/16/1987
3a. Date of Last Report: 08/11/1994

2. Principal Place of Business
21 2020 Hill Terr
Suite, Apt. #, etc.
22
City & State
23 Sarasota FL.
Zip 24 34231 Country 25 USA

2a. Mailing Address
26 2020 Hill Terr.
Suite, Apt. #, etc.
27
City & State
28 Sarasota FL.
Zip 29 34231 Country 30 USA

4. FEI Number: 59-2836908 — 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

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
LANTERMAN, LINDA
4201 BAHIA VISTA STREET
SARASOTA FL 34232

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 2020 Hill Terr
83
84 City Sarasota FL 85 Zip Code 34231

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when mailing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☒ Change ☐ Addition
NAME	LANTERMAN, LINDA	1.2 NAME	
STREET ADDRESS	4201 BAHIA VISTA ST.	1.3 STREET ADDRESS	2020 Hill Terrace
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	Sarasota, FL. 34231
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(k), 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: [signature] 7/18/95 941 927-9834
SIGNATURE AND TYPED OR PRINTED NAME OF MGRING OFFICER OR DIRECTOR — Date — Daytime Phone #
Linda Lanterman

CR2E034 (3/95)

0184826 FP