## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CITY-ST-ZIP

**FILED PROFIT** May 14 1998 8:00am ELORIDA DEPARTMENT DE STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State **DIVISION OF CORPORATIONS** 1998 DOCUMENT #
1. Corporation Name J85102 SUNRISE PRE-SCHOOL FOR EARLY LEARNING, INC. Principal Place of Business Mailing Address 10069 SUNSET STRIP 10069 SUNSET STRIP SUNRISE FL 33322-5303 SUNRISE FL 33322-5303 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/30/1987 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2849455 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country  $Z_{\rm ID}$ Country 8. This corporation owes or has paid the current year Intangible 24 25 29 No. 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name EISENSON, BARRY A. 777 SOUTH STATE ROAD #7 82 Street Address (P.O. Box Number is Not Acceptable) MARGATE FL 33068 83 84 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** Signature, typed or printed name of regenered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE / TITLE 1.1 TITLE ☐ Change \_\_\_ Addition FERNANDEZ, JUDITH L. NAME 1.2 NAME 10069 SUNSET STRIP STREET ADDRESS 1.3 STREET ADDRESS SUNRISE FL 33322 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE Change Addition 21 TITLE PITTER, MARJORIE H. NAME 2.2 NAME 10069 SUNSET STRIP STREET ADDRESS 2.3 STREET ADDRESS **SUNRISE FL 33322** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TrTLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition MALKE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. I 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 engowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in