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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # K46296

## **FILED** Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90005 007 \*\*\*150.00

WEE CARE DAY CARE AND P	RE-SCHOOL INC			
	in outlook, INO.		(19818))	
Principal Place of Business				RIBIN BIBIN BIBIN BIBIN BIBIN BIBIN BIBIN
4717 STATE ROAD 218	Mailing Address			
P.O. BOX 1567	4717 STATE ROAD 21	8	The same was taking still a	cari asasi arait atati bibit Bibit (A)
MIDDLEBURG FL 32050	P.O. BOX 1567			
	MIDDLEBURG FL 3205	0	DO NOT WRITE IN	N. 11
2 Principal D			3. Date Incorporated or Qualifed	HIS SPACE
Principal Place of Business	2a. Mailing Address		11/15/1988	
Suite, Apt. #, etc.	26		4. FEI Number	<del></del>
очно, дрг. #, етс.	Suite, Apt. #, etc.		59-2916941	Applied For
City & State	27			Not Applicable
- State	City & State		5. Certifcate of Status Desired	\$8.75 Additional
	28		6. Election Campaign Financing	Fee Required
Country	Zip	Country		\$5.00 May Be
	29	30	8. This corporation owes the current year	Added to Fees
9. Name and Address of Cui	rrent Registered Agent			
WALDRON, ROSE H.		81 Name	10. Name and Address of New Registere	No
4717 STATE ROAD 218		81 Name		u Agent
MIDDI EBUDO EL ASSE		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
MIDDLEBURG FL 32068			( .o. box Number is Not Acceptable)	
		83		
<del></del>		84 City		<del></del> _
Pursuant to the provisions of Sections 607.0	502 and 607 1500 5			85 Zin Codo
agent. I am familiar with and asset the Star	te of Florida Such share	ites, the above-parred ac-		Top Code
		authorized corpo	oration submits this state	<b>-</b> / /
SNATURE	gations of, Section 607.0505, Fi	authorized by the corporation orida Statutes	oration submits this statement for the purpose of	f changing its registered
SNATURE Signature, typed or printed name of registered	gations of, Section 607.0505, Fi	authorized by the corporatio orida Statutes.	oration submits this statement for the purpose or in s board of directors. I hereby accept the appo	f changing its registered intment as registered
Signature, typed or printed name of registered ag	ent and title if applicable			changing its registered intment as registered
Signature, typed or printed name of registered ag	pent and title if applicable. (NOTI	authorized by the corporatio orida Statutes.  E. Registered Agent signature required.  13.	when reinstating)	
Signature, typed or printed name of registered as OFFICERS A	ent and title if applicable	E: Registered Agent signature required	when reinstating)	
Signature, typed or printed name of registered as OFFICERS A TP WALDRON, ROSF H	pent and title if applicable. (NOTI	E: Registered Agent signature required 13.	when reinstation)	ID DIRECTORS IN 12
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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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

Rose H. Waldron President