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

**FILED** Feb 16 1998 8:00am CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # KIDSTOP EARLY LEARNING CENTERS, INC. Principal Place of Business Mailing Address 7245 8 MILITARY TRL 1655 PALM BEACH LAKES BLVD. LAKE WORTH FL 33463 SUITE 900 WEST PALM BEACH FL 33401 DO NOT WRITE IN THIS SPACE 3, Date Incorporated or Qualified 03/27/1989 2. Principal Place of Business 2a, Mailing Address FEI Number Applied For 65-0123058 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 6 Certificate of Status Desired Fee Required 22 City & State City & State 6 Election Campaign Financing \$5.00 May Be П 23 26 Trust Fund Contribution Added to Fees Country Zip This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name LAMPERT, MICHAEL A. 1655 PALM BEACH LAKES BLVD., SUITE 900 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 307D** W PALM BCH FL 33409 83 84 City 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. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Addition MENDEL, MARK L. NAME 1.2 NAME CR2E034 7458 TRESCOTT DRIVE 7554 ESTRELLA CIRCLE STREET ADDRESS 1.3 STREET ADDRESS LAKE WORTH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP RATON DELETE TITLE 2 ETITLE Change MENDEL, JOAN NAME 22 NAME 7554 ESTRELLA CIRCLE 7458 TRESCOTT DRIVE STREET ADDRESS 2.3 STREET ADDRESS LAKE WORTH FL 33433 BOCK RATON, CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition TITLE Change 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP

DELETE

SIGNATURE:

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 City - ST-ZiP 14. Thereby 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 eath; 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

Change

Addition