

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90022 021 \*\*\*158.75

DOCUMENT # K75538

1. Corporation Name

~~KIDSTOP EARLY LEARNING CENTERS, INC.~~  
KELC

Principal Place of Business

7245 S MILITARY TRL  
LAKE WORTH FL 33463  
US

Mailing Address

1655 PALM BEACH LAKES BLVD.  
SUITE 900  
WEST PALM BEACH FL 33401  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/27/1989

4. FEI Number

65-0123058

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

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 7554 ESTRELLA CIR.

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 BOCA RATON, FL.

24 Zip 33433 25 Country USA

27 Suite, Apt. #, etc.

28 City & State

29 Zip Country

30

9. Name and Address of Current Registered Agent

LAMPERT, MICHAEL A.  
1655 PALM BEACH LAKES BLVD., SUITE 900  
~~5042 5040~~  
W PALM BCH FL 33409

10. Name and Address of New Registered Agent

81 Name Lampert, Michael A.  
82 Street Address P.O. Box Number is Not Acceptable  
83 1655 Palm Beach Lakes Blvd. Ste. 900  
84 City W Palm Beach FL 85 Zip Code 33401

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 registered agent and fee applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DSV ☐ DELETE

NAME MENDEL, MARK L.  
STREET ADDRESS 7554 ESTRELLA CIR  
CITY-ST-ZIP BOCA RATON FL 33433

TITLE DP ☐ DELETE

NAME MENDEL, JOAN  
STREET ADDRESS 7554 ESTRELLA CIR  
CITY-ST-ZIP BOCA RATON FL 33433

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK L. MENDEL 3/4/99 (561) 738 0183

Date

Daytime Phone #

CR2E034 (11/98)