

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

FILED  
Mar 12 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K92484** (0)  
1. Corporation Name  
**PALM BAY PROFESSIONAL DAY CARE CENTERS, INC.**

Principal Place of Business  
**% BENJAMIN Y. SAXON  
1516 NORMAN ST. N.E.  
PALM BAY FL 32907**

Mailing Address  
~~2780 SCHOOL DR. NE~~  
**1336 BRAUN ST. NE  
PALM BAY FL 32905  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 <b>1336 Braun St. NE Palm Bay</b>		06/01/1989	
22 City & State		27 Suite, Apt. #, etc.		4. FEI Number	
23 Zip		28 City & State		59-2990092	
24 Country		29 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>SAXON, BENJAMIN Y. 1336 BRAUN ST, NE PALM BAY FL 32905</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 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 *David A. Ayers* DATE **3-2-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AYERS, GREG	1.2 NAME	
STREET ADDRESS	1336 BRAUN ST., NE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL	1.4 CITY-ST-ZIP	
TITLE	DS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AYERS, DAVID A.	2.2 NAME	
STREET ADDRESS	2780 SCHOOL DR, NE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL	2.4 CITY-ST-ZIP	
TITLE	DV	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AYERS, DAVID A	3.2 NAME	
STREET ADDRESS	2780 SCHOOL DR., NE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *David A. Ayers* **3-2-98 467 128 5503**

CR2E034 (10/97)