FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION **FILED** Sandra B. Mortham ANNUAL REPORT Secretary of State May 01 1996 8:00 am 1996 DIVISION OF CORPORATIONS Secretary of State L21088 **DOCUMENT #** JUPITER CHILD CARE INC. Principal Place of Business clo FGW +CD 3. Date Incorporated or Qualified 3a. Date of Last Report 1014/89 4130195 2. Principal Place of Business
21. 125 S. PENNOCK Mailing Address , Applied For Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City 4 State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 MANY Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s 199.032, 29 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ASTOR, Name 11000E L Street Address (P.O. Box Number is Not Acceptable) 82 PENNOCK LANG JUP HER City 84 85 Zip Code of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office the obligations of Section 607.0505, Florida Statutes.

The obligations of Section 607.0505, Florida Statutes. 11. Pursuant to the provision or registered agent, or b familiar with, and accept SIGNATURE Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE ☐ DELETE 1. 1 TITLE Change Addition Clonser NAME 1.2 NAME CR2E034 22354 SW 57 AUE STREET ADDRESS 1.3 STREET ADDRESS BOCA CATON, FL 28458 CHTY-ST-ZIP 1.4 CHTY - ST - ZIP TITLE 2 1 THILE Change Addition NAME 5126**2**R. P.M.PH 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 Cily - ST - ZiP TITLE 3. 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3. STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP TITLE ☐ DELETE 4. 1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - ZIP TITLE 20000185357**2**00 -06/06/96--01053--041 DELETE 5. 1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS ***200.00 CITY-ST-ZIP 5 4 CITY - \$1 - 7 IP TITLE DELETE 6.1 TITLE ☐ Change Add tion NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 nature appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR