FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L26662** **(1)**

1. Corporation Name
CHILDCARE PROFESSIONALS, INC.

Principal Place of Business
6101 ORANGE DR
DAVIE FL 33314
US

Mailing Address
8001 SW 36 ST STE 10
DAVIE FL 33328

3. Date Incorporated or Qualified: **10/30/1989**
3a. Date of Last Report: **05/26/1995**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26: 3970 NW 51 Ave
Suite, Apt. #, etc. — 27
City & State — 28: Lauderdale Lakes, FL
Zip — 29: 33319 Country — 30: USA

4. FEI Number: **65-0154155** 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. **Name and Address of Current Registered Agent**
SANTINI, TERRY
8001 SW 36TH ST
STE 10
DAVIE FL 33328

10. **Name and Address of New Registered Agent**
81 Name: EDNA STRONG
82 Street Address (P.O. Box Number is Not Acceptable): 3970 NW 51 AVENUE
83
84 City: LAUDERDALE LAKES **FL** 85 Zip Code: 33319

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.

X SIGNATURE: Edna M. Strong — DATE: 5/31/96
Signature, typed or printed name of registered agent (must be Resident Agent) (Duplicate Original signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	DPS ☒ DELETE
NAME	SANTINI, TERRY
STREET ADDRESS	8001 SW 36TH ST #10
CITY-ST-ZIP	DAVIE FL
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	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DPS ☒ Change ☐ Addition
1.2 NAME	EDNA STRONG
1.3 STREET ADDRESS	3970 NW 51 AVE
1.4 CITY-ST-ZIP	LAUDERDALE LAKES FL 33319
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	800001863378
4.3 STREET ADDRESS	-06/17/96--01024--042
4.4 CITY-ST-ZIP	***225.00
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	

6-17-96

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 name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Edna M. Strong
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 5-6-96 Daytime Phone #: 954-792-8000

CR2E034 (12/95)