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	Mailing Address
6101 ORANGE DR DAVIE FL 33314 US	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
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	

2. Principal Place of Business	2a. Mailing Address
21	26 3970 NW 51 Ave
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State: Lauderdale Lakes, FL
24 Zip / 25 Country	29 Zip: 33319 / 30 Country: USA

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.

SIGNATURE: Edna M. Strong   DATE: 5/31/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS ☒ DELETE	1.1 TITLE	DPS ☒ Change ☐ Addition
NAME	SANTINI, TERRY	1.2 NAME	EDNA STRONG
STREET ADDRESS	8001 SW 36TH ST #10	1.3 STREET ADDRESS	3970 NW 51 AVE
CITY-ST-ZIP	DAVIE FL	1.4 CITY-ST-ZIP	LAUDERDALE LAKES FL 33319
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	800001863378
STREET ADDRESS		4.3 STREET ADDRESS	-06/17/96--01024--042
CITY-ST-ZIP		4.4 CITY-ST-ZIP	***225.00
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	6-14-96

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

5-6-96 (Date)   954-792-8000 (Daytime Phone #)

CR2E034 (12/95)