

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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandia B. Mortham Secretary of State DEPARTMENT OF CORPORATIONS

FILED Aug 10 1998 8:00am Secretary of State

DOCUMENT # L38334 (3) TODDLERS' LEARNING CENTER, INC.



Principal Place of Business: 2200 SE MONTEREY RD. STUART FL 34996 US

mailing Address: 6332 SW BANKS TER 22005 E. Monterey Rd. PALM CITY FL 34990 Stuart, FL 34996

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:

21 State, Apt #, etc. 22 City & State 23 Zip 24 Country

2a. Mailing Address:

26 2200 S E. Monterey Rd. 27 City & State 28 Stuart, FL 29 34996 30 USA

3. Date incorporated or Qualified: 12/26/1989
4. FEI Number: 65-0247045
5. Certificate of Status Desired: [X] \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [] \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [] Yes [] No

9. Name and Address of Current Registered Agent

PIASECKI, GUY A
6332 SW BANKS TER
PALM CITY FL 34990

10. Name and Address of New Registered Agent
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 607.1505, Florida Statutes.

SIGNATURE: Signature of the person authorized to file this report and the person who is the registered agent. Signature of Agent required when reinstating. DATE

12. OFFICERS AND DIRECTORS

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include PD ELBINE, JOYCE; VD PIASECKI, SHERRY L.; and ASD CLEANEC, DEBROAH.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes Elkins and Cleaver, Deborah. Includes handwritten date 4/27/98 and number 300002612819.

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: Deborah J. Cleaver 4/27/98

CR2E034 (10/97)