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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Kathorine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90019 013 ***158.75

DOCUMENT # L38 1. Corporation Name TODDLERS' LEARNING CEN		
Principal Place of Business	Mailing Address	a the first of the state of the
2200 SE MONTEREY RD.	2200 SE MONTEREY RO. STIJART FI. 34996	

US US			DO NOT WRITE IN THIS SPACE					
00		00		3. Date Incorporated or Qualifed				
					12/26/1989			
2. Principal Pl	ace of Business	Za. Mailing Address			4. FEI Number		. []	Applied For
n		26			65-0247045			Not Applicable
Sulte, Apt. 1	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	√	—	Additional
2		27			S. Cardinate Di Charles Desired	^_	Fae	Required
City & State	•	City & State			6. Election Campaign Financing	п .		O May Be
23		28			Trust Fund Contribution		Adde	d to Fees
Zip	Country	Zip	Country	•	8. This corporation owes the curren	nt year int		_
4	25	29 :	30		Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Currer	nt Registered Agent		,	10. Name and Address of New Re	gistered	Agent	
			81	Name				
	ECKI, GUY A		82	Street Add	iress (P.O. Box Number is Not Acceptable	le)		
	SW BANKS TER		Ĺ					
PALM	A CITY FL 34990		83	1				
			84	City			85 Zi	o Code
	•		1 -	-		FL	. 11	•
SIGNATURE					poration submits this statement for the pulon's board of directors. I hereby accept	•		
SIGNATURE	Signature, typed or printed name of registered age	est and little if applicable. (NOTE:	Registered Age	ni zignature requir	red when reinstating)	OATE		
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AN		
ITILE	PO	☐ DELETE	1.1 TITLE	1			Ct ang	e 🗍 Additio
NAME	ELKINS, JOYCE		1.2 NAME					
STREET ADDIESS	6332 S.W. BANKS ST		1.3 STREET	TADORESS				
CITY-ST-ZEP	PALM CITY FL		14 CITY-S	1-ZIP				F 1 4 4 11 14 1
TITLE	VD	☐ DELETE	21 TITLE				☐ Chang	e 🗌 Additio
NAME	PIASECKI, SHERRY L.		22 NAME	1				
STREET ADDRESS	6332 SW BANKS ST		2.3 STREET	T ADDRESS	<u>-</u> .			
CITY-ST-ZIP	PALM CITY FL		2.4 CITY-5	ST-20P				
ΠLE	TSD DEBORAH	☐ D€LETE	3.1 TITLE)			☐ Chang	e 🗌 Additic
NAME	CLEAVER, DEBROAH J		3.2 NAME					
STREET ADDRESS	6332 S.W. BANKS ST		3.3 STREET	TADORESS				
CITY-ST-ZIP	PALM CITY FL		3.4. CITY-5	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE	· [☐ Chang	e Additio
NAME			4.2 NAME	- [
STREET ADDIESS			4.3 STREE	T ADDRESS				
CITY-ST-ZIP			4.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	5.1 TITLE				☐ Chang	e 🔲 Additio
NAME			52 NAME	İ				
STREET ADDRESS			5.3 STREE	TADORESS				
CITY-ST-ZIP			5.4 CTY-S	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE				Chang	a Additio
NAME 1		-	8.2 NAME	ļ				
· · · }			8.3 STREE	T ADDRESS				
STREET ADDICESS	" '		0.4.0004.0	7 70				

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, Luther 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

nary (Skaselli Downer Prove & 4/12/99