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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

L39325

(0)

GAN DAY CARE CENTERS, INC.

Principal Place of Business Mailing Address					1 1864481 000 LIII 18:48 11:10 1100	, 4111 MINI MINI		
C/O MORTON LIFSHUTZ 17240 N.E. 12 AVENUE 17240 N.E. 12 AVENUE								
N. MIAMI BEACH FL 33162 N. MIAMI BEACH FI			33162		3. Date Incorporated or Qualified 3a. Date of Last F 12/28/1989 04/27/19		/27/199	95
Principal Place of Bus	iness	2a. Mailing Address			4. FET Number			Applied For Not Applicable
l		26			65-0163875			Additional
Suite, Apt. #, etc.		Suite, Apt #, etc.			5. Certificate of Status Desired			Required
City & State		Oity & State			6. Election Campaign Financing	E-1	\$5.0	0 May Be
,		28			Trust Fund Contribution	[J		d to Fees
Zip	Country	Zip	Count	У	8. This corporation has liability for life Florida Statutes Yes	intangitire tax	under s	199.032,
O No.	25 ne and Address of Curre	29	30		10. Name and Address of New R		gent	
y. Nan	ne and Address of Curre	ant Negistered Agent	8	i Name		<u>.                                  </u>	<u>×</u>	
HEALINET MAD	TON			0 00 000	ress (P.O. Box Number is Not Acceptab	ala)		
LIFSHUTZ, MORTON 17240 N.E. 12 AVENUE N. MIAMI BEACH FL 33162			8	2 Street Add	gress (P.O. Box Number is Not Acceptate	110)		
			8	3				
74. IIII UM DE 101			8	4 City			85 Zı	p Code
				'	oration submits this statement for the pu	FL		
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2.  11.6  AME IRLET ADDRESS 1320  11.7 - ST - 71P  AME LIFSI TREEL ADDRESS 1724  NO.	OFFICERS A HENBERG, MAX NE 172 ST. MIAMI BEACH FL HUTZ, YVONNE	NO DIRECTORS  DELETE  DELETE	13. 1. 1 THL 1.2 NAM 1.3 STRI 1.4 CITY 2.1 THL 2.2 NAM 2.3 STRI 2.4 CHY	E E E ADDRESS -ST-ZiP F E E E1 ADDRESS -ST-ZiP	ADDITIONS/CHANGES TO OFF	ICERS AND	] Change	Addition
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12.  TITLE D  NAME ROTH  STREEF ADDRESS 1320  NO.  TITLE D  NAME LIFSI  STREEF ADDRESS 1724	OFFICERS A HENBERG, MAX NE 172 ST. MIAMI BEACH FL HUTZ, YVONNE 0 NE 12 AVE.	DELETE  DELETE  DELETE	13. 1.1 THL 1.2 NAM 1.3 STRI 1.4 CATY 2.1 THL 2.2 NAM 2.3 STRI 2.4 CHY 3.1 THL 3.2 NAM 3.3 STRI 3.4 CHY 4.1 THL 4.2 NAM 4.3 STRI 4.4 CHY 5.1 THL 5.2 NAM 5.3 STRI 5.4 CHY 6.1 THL 6.2 NAM 6.3 STRI 6.2 NAM 6.3 STRI 6.3 STRI 6.3 NAM 6.3 STRI 6.3	E E E E E E E E E E E E E E E E E E E	ADDITIONS/CHANGES TO OFF	ICERS AND	Change Change Change	FIS IN 12 Addition Addition Addition Addition Addition

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/86 305-621-3131