

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

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L-47227 of AMENDMENT

1. Corporation Name
Florida Child Care Centers, Inc.

FILED

900416-1289 901110105450.00
61.25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

116 N. Bumby Ave
Orlando FL 32803 (SAME)

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Organized
3/5/99

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Zip Country 29 Country

4. FEI Number
59-2984513 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 owes the current year intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

Aldo Moreno
116 N. Bumby Ave
Orlando FL 32803

10. Name and Address of New Registered Agent

81 Name MARIA E. RODRIGUEZ

82 Street Address (P.O. Box Number is Not Acceptable)
220 FAIRLANE AVE

84 City Orlando FL 85 Zip Code 32809

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 Maria E. Rodriguez DATE 4/5/99

12. OFFICERS AND DIRECTORS

| | |
|----------------|-------------------------------------------------------------|
| TITLE | <u>V. President</u> <input type="checkbox"/> DELETE |
| NAME | <u>MARIA E. RODRIGUEZ</u> |
| STREET ADDRESS | <u>220 FAIRLANE AVE</u> |
| CITY-ST-ZIP | <u>ORLANDO FL 32809</u> |
| TITLE | <u>President</u> <input checked="" type="checkbox"/> DELETE |
| NAME | <u>Aldo Moreno</u> |
| STREET ADDRESS | <u>2363 BAYLEAF</u> |
| CITY-ST-ZIP | <u>ORLANDO FL 32809</u> |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|-------------------|------------------------------------------------------------------------------------------------------------------|
| 11 TITLE | <u>President + Treasurer</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | <u>MARIA E. RODRIGUEZ</u> |
| 13 STREET ADDRESS | <u>220 FAIRLANE AVE</u> |
| 14 CITY-ST-ZIP | <u>ORLANDO FL 32809</u> |
| 21 TITLE | <u>Secretary & V. President</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 22 NAME | <u>Rachel Rodriguez</u> |
| 23 STREET ADDRESS | <u>220 FAIRLANE AVE</u> |
| 24 CITY-ST-ZIP | <u>ORLANDO FL 32809</u> |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY-ST-ZIP | |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY-ST-ZIP | |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY-ST-ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 CITY-ST-ZIP | |

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 307, Florida Statutes; and that my name appears in Block 12 or Block 13 unchanged, or on an attachment with an address, with all other like empowered.

SIGNATURE: Maria E. Rodriguez DATE: 4/5/99 PHONE: 407-896-1739

CR2034 (7/98)