

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 28 PM 12:14

DOCUMENT # L91685 (2)

1. Corporation Name

PARENT-CHILD EDUCATION CENTER, INC.

Principal Place of Business

Mailing Address

4684 NW 103 AVE  
SUNRISE FL 33351  
US

4684 NW 103 AVE  
SUNRISE FL 33351  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report

08/07/1990

04/07/1994

4. FEI Number

65-0210675

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

☐

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MURPHY, T.N.  
700 W. HILLSBORO BLVD.  
DEERFIELD BEACH FL 33444

81 Name

RICHARD HERZFELD

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

4684 NW 103 AVE

83

84 City

SUNRISE

FL

85 Zip Code

33351

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:

*[Signature]*

3/1/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                     |
|----------------|---------------------|
| TITLE          | PD                  |
| NAME           | ROSS, SUSAN M       |
| STREET ADDRESS | 5710 NE 27TH AVE    |
| CITY, ST, ZIP  | WILMINGTON FL 33401 |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY, ST, ZIP  |                     |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY, ST, ZIP  |                     |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY, ST, ZIP  |                     |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY, ST, ZIP  |                     |

|                    |                    |                                                                              |
|--------------------|--------------------|------------------------------------------------------------------------------|
| 1.1 TITLE          | PRESIDENT/DIRECTOR | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | RICHARD HERZFELD   |                                                                              |
| 1.3 STREET ADDRESS | 4684 NW 103 AVE    |                                                                              |
| 1.4 CITY, ST, ZIP  | SUNRISE FL 33351   |                                                                              |
| 2.1 TITLE          | VP/D               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | MELODY HERZFELD    |                                                                              |
| 2.3 STREET ADDRESS | 4684 NW 103 AVE    |                                                                              |
| 2.4 CITY, ST, ZIP  | SUNRISE FL 33351   |                                                                              |
| 3.1 TITLE          |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                    |                                                                              |
| 3.3 STREET ADDRESS |                    |                                                                              |
| 3.4 CITY, ST, ZIP  |                    |                                                                              |
| 4.1 TITLE          |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                    |                                                                              |
| 4.3 STREET ADDRESS |                    |                                                                              |
| 4.4 CITY, ST, ZIP  |                    |                                                                              |
| 5.1 TITLE          |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                    |                                                                              |
| 5.3 STREET ADDRESS |                    |                                                                              |
| 5.4 CITY, ST, ZIP  |                    |                                                                              |
| 6.1 TITLE          |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                    |                                                                              |
| 6.3 STREET ADDRESS |                    |                                                                              |
| 6.4 CITY, ST, ZIP  |                    |                                                                              |

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 110 (076306), 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 1807, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/95 1305-572-2900  
Date Expires