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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 08, 1999 8:00am

Secretary of State

02-08-1999 90052 027 ***150.00

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # L91685 1. Corporation Name

PARENT-CHILD EDUCATION CENTER, INC.

Principal Place	e of Business	Mailing Address						
4684 NW 103 AVE		4684 NW 103 AVE						
SUNRISE FL 33351		SUNRISE FL 33351				DO NOT WRITE IN THIS SPACE		
บร		US				3. Date Incorporated or Qualified	SPACE	
						08/07/1990		
2 Principal Pl	lace of Business	2a, Mailing Address				4. FEI Number	Α	pplied For
21		26				65-0210675	N	lot Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.					\$8.75	Additional
22		27				5. Certifcate of Status Desired	Fee R	Required
City & State	e	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year Int		_
24	25	29	30			Personal Property Tax.	Yes	□N ₀
	9. Name and Address of Cu	rrent Registered Agent		Ļ.,		10. Name and Address of New Registered	Agent	
		•		81	Name	•		
HERZFELD, RICHARD 4684 NW 103 AVE			-		Street Add	ress (P.O. Box Number is Not Acceptable)		
				82	Officer / table	The state of the s	دينونو سي ک	4150 5 - 11 - 245
SUN	RISE FL 33351			83				
	•			84	City			Code
						FL		
11. Pursuant	to the provisions of Sections 607	7.0502 and 607.1508, Florida Sta	itutes, the a	bove	-named corp	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoi	changing it	s registered egistered
Onice or re	egistered agent, or both, in the S	Rate of Florida. Such Grange Wa	5 autilOnzec	u oy 1		ion a board of directors. Thereby decept the appear		05.010
agent. I ar	m familiar with, and accept the ol	bligations of, Section 607.0505,	Florida Stat	lutes.	•			
agent. I a	m familiar with, and accept the ol	bligations of, Section 607.0505,	Florida Stat	tutes.	·			
agent. I a	m familiar with, and accept the ol			tutes.		ed when reinstating) DATE		
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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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP