

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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90234 044 ***150.00

DOCUMENT # M60463

1. Corporation Name
YOUNG TOTS PREPARATORY, INC.

Principal Place of Business
2570 N.W. 152 TERR.
OPA LOCKA FL 33054
US

Mailing Address
2570 N.W. 152 TERR.
OPA LOCKA FL 33054



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/08/1987

4. FEI Number
65-0014250

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

2. Principal Place of Business
21 2570 N.W. 152 Terr.
Suite, Apt. #, etc.

2a. Mailing Address
26 9111 S. Lake Mir. Cir.
Suite, Apt. #, etc.

City & State
23 Opa. Locka Fl
Zip
24 33054 Country
25 Dade

City & State
28 miramar, FL.
Zip
29 33025 Country
30 Broward

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

YOUNG, EUNICE L.
2560 NW 152 TERR.
OPA LOCKA FL 33052

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
PST	YOUNG, EUNICE L.	2560 NW 152 TERR.	OPA LOCKA FL	<input type="checkbox"/>
CD	YOUNG, EUNICE L.	2560 NW 152 TERR.	OPA LOCKA FL	<input type="checkbox"/>
VP	YOUNG, VERONICA A.	2560 NW 152 TERR.	OPA LOCKA FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-STATE-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-STATE-ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

Young, Eunice
9111 S. Lake mir. Cir.
miramar, FL. 33025

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.

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

04/21/99
Date

Daytime Phone #

CR2E034 (11/98)