

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Shirley B. Mathiam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M65000**

(5)

1. Corporation Name

AN APPLE A DAY PRESCHOOL, INC.



Principal Place of Business

% SUZANNE MURCHIE
6403 TARAWA DRIVE
SARASOTA FL 34241

Mailing Address

% SUZANNE MURCHIE
6403 TARAWA DRIVE
SARASOTA FL 34241

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

24

28

Zip

Country

Zip

Country

25

29

g. Name and Address of Current Registered Agent

MURCHIE, SUZANNE
6403 TARAWA DRIVE
SARASOTA FL 34241

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 602.002 and 602.1504, 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, Sections 602.002 and 602.1504, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D	[] DELETE
NAME	MURCHIE, SUZANNE	
STREET ADDRESS	6403 TARAWA DR	
CITY-STATE-ZIP	SARASOTA FL	
TITLE	D	[] DELETE
NAME	SECO, KAREN KLEIN	
STREET ADDRESS	2415 JAVA PLUM AVE	
CITY-STATE-ZIP	SARASOTA FL	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	[] Change [] Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	[] Change [] Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	[] Change [] Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	[] Change [] Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	[] Change [] Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-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 119.07(5)(a), Florida Statutes. I further certify that the information included 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 602, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, in connection with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Karen Klein Seco V.P. (Karen Klein Seco) 4-12-96 (941) 371-0934

CR2E034 (12/95)