FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M95407 (6)

1. Corporation Name
VIEWPOINT CHILDCARE CENTER, INC.

Principal Place of Business	Mailing Address
C/O KATHLEEN HITCHMAN 10440 TAFT ST PEMBROKE PINES FL 33026-2819	C/O KATHLEEN HITCHMAN 10440 TAFT ST PEMBROKE PINES FL 33026-2819

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/23/1988
3a. Date of Last Report: 04/19/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 65-0070966 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip (24) Country (25) / Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HITCHMAN, KATHLEEN
10440 TAFT ST
PEMBROKE PINES FL

10. Name and Address of New Registered Agent

81 Name: CARLA. N. SMITH
82 Street Address (P.O. Box Number is Not Acceptable): 1411 N.W 89 AVE
83
84 City: PEMBROKE PINES FL 85 Zip Code: 33024

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: CARLA NICOLE SMITH Carla Nicole Smith 5/4/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when transmitting) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	HITCHMAN, KATHLEEN	12 NAME	
STREET ADDRESS	1411 N.W. 89 AVE	13 STREET ADDRESS	
CITY ST ZIP	PEMBROKE PINES FL	14 CITY ST ZIP	
TITLE	VPD	21 TITLE	☐ Change ☐ Addition
NAME	SMITH, CARL	22 NAME	
STREET ADDRESS	9530 W HEATHER LN	23 STREET ADDRESS	
CITY ST ZIP	MIRAMAR FL	24 CITY ST ZIP	
TITLE	TREASURER	31 TITLE	☐ Change ☐ Addition
NAME	CARLA. N. SMITH	32 NAME	
STREET ADDRESS	1411 N.W 89 AVE	33 STREET ADDRESS	
CITY ST ZIP	PEMBROKE PINES FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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 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 above, or on an attachment with an address.

SIGNATURE: Kathleen Hitchman KATHLEEN HITCHMAN 4/19/95 305 437-5057
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000804 CP