## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

	1996	DIVISION OF C	OHPOHATIONS		
DOCUMENT # M96800 (1)					
ABC INFANT TODDLER CENTER, INC.					
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Principal Place	e of Business	Mailing Address			H BIBIF BIBIF BIBII BIBII BIBII 1681
5043 CORONADO PARKWAY		5043 CORONADO PARKWAY			
NAPLES FL 33999		NAPLES FL 33999			
				· ·	la. Date of Last Report
2. Principal Pl	ace of Business	2a. Mailing Address		08/31/1988 4. FEI Number	
21	ace of pasificas	26		65-0076359	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 City & State		City & State			Fee Required
City & State	2	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for inter	
24	25		30		es 🕡 No
	9. Name and Address of Curr	rent Registered Agent	81 Name 1 4	10. Name and Address of New Regist	ered Agent
GIBBONS, SANDRA M GIBBONS, SANDRA M.					
5043 CORONADO PKWY.			82 Street Add	irēsš (P.O. Box Numbur iš Not Acceptable)	<b>~</b> 1
NAPLES FL 33999				X	
			84 City		85 Zip Code
	MANAGEMENT CONTRACTOR AND A STORY OF THE CONTRACTOR OF THE CONTRAC	2 - 15 B Bar V - 16 A	N A	کوام	FL   13/3/9/9
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above named corplination 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. Thereby accept the appointment as registered					
agent. Fai	m familiar with, and accept the ob	ligations of, Section 607.0505, Flor	rida Statutes.	111 ) 6/10	1 .
SIGNATURE	Signar re-typed or printed name of regished	agent and title if applicable (NOR	Hogistined Agent signature requ	ared when reinstalling)	196
12.	OFFICERS :	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	and the grange with the first parameter of the
TITLE	PVT	DELETE	1 1 TITLE		Change Addition
NAME DEDICET ADDOCCO	GIBBONS, SANDRA		1.2 NAME		
STREFT ADDRESS  CITY-ST-ZIP	4406 SE 19TH AVE CAPE CORAL FL		1 3 STREET ADDRESS 1 4 CHY - ST - ZIP		
TITLE	V\$T	DELETE	21 TifL€		Change Addition
NAME	GIBBONS, SANDRA		2.2 NAME		1
STREET ADDRESS	4406 SE 19T AVE		2.3 STREET ADDRESS		
CITY - ST - ZIP	CAPE CORAL FL	The state	2 4 CITY - ST - ZIP		
TITLE		DELETÉ	3 1 T-TLF		Change Addition
NAME CIDECT ADDOLGO			3 2 NAME		
STREET ADDRESS CITY-ST-ZIP			3.3 STREET ADDRESS 3.4 CITY - ST ZiP		
TITLE		DELETE	4 1 TITLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	·		4.4 C!TY - ST - ZIF!		
TITLE		DELETE	S 1 Trite		Change L Addition
NAME OTREET ADORESS			5.2 NAME		
STREET ADDRESS CITY-ST-ZIP			5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		
TITLE		DELETE	6 1 TITLE		Change Addition
NAME		<del>-</del>	6.2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY+ST-ZIF			6.4 CiTY - ST - ZiP		
I 14. I do hereb	by certify that the information supp	lied with this filing is voluntarily fur	nished and does not out	alify for the exemption stated in Section 119.	07(3)(k) Florida Statutes 1

Tuo nerroy certify that the information supplied with this limit is voluntarily furnished and closes flot quality for the exemption stated in section 1.19 or fajky. Fronds statutes industries for 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SANDEM GIBBINS MALLOW SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

941 4550278