

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 08, 1999 8:00 am  
Secretary of State

03-08-1999 90045 047 \*\*\*\*70.00

DOCUMENT # N15102

1. Corporation Name

PLAYLAND CHILD CARE, INC.

Principal Place of Business  
1704 WEST VINE STREET  
LEESBURG FL 34748

Mailing Address  
1704 WEST VINE STREET  
LEESBURG FL 34748



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/27/1986	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2756931	
22	City & State	27	City & State	Applied For Not Applicable	
23	Zip	28	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

FELICIANO, CARMEN A  
1704 WEST VINE ST  
LEESBURG FL 32748

10. Name and Address of New Registered Agent

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

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVD <input type="checkbox"/> DELETE	1.1 TITLE	Address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELICIANO, CARMEN A	1.2 NAME	
STREET ADDRESS	17591 SW 35TH AVE RD	1.3 STREET ADDRESS	P.O. Box 56
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	Oxford FL 34484
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	Add <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELICIANO, ISRAEL	2.2 NAME	
STREET ADDRESS	17591 SW 35TH AVE RD	2.3 STREET ADDRESS	1294821 Rd. 101 - P.O. Box 56
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	Oxford FL 34484
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELICIANO, IRENE	3.2 NAME	
STREET ADDRESS	67 HICKORY TRK. WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34472	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 617, 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mar 3, 99 352-787-7002

CR2E037 (1/98)