

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N30850 (4)

1. Corporation Name

Dade County Day, Inc.

Principal Place of Business Mailing Address
% Dade County Legislative % Dade County Legislative
Delegation Delegation
111 N.W. 1st St. #655 111 N.W. 1st St. #655
Miami, FL 33128 Miami, FL 33128

3. Date Incorporated or Qualified 02/20/1989
3a. Date of Last Report 4/25/95

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 7800 Red Road
22 City & State 27 Suite, Apt. #, etc. 115
23 City & State 28 South Miami, FL
24 Zip 25 Country 29 33143 30 Dade

4. FEI Number 65-0102405 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Cosgrove, John
201 W. Flagler St.
Miami, FL 33130

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 (Step 11) Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	Cosgrove, John	
STREET ADDRESS	201 W. Flagler St.	
CITY - ST - ZIP	Miami, FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Bloom, Elaine	
STREET ADDRESS	420 Lincoln Rd. #442	
CITY - ST - ZIP	Miami Beach, FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	Gillman, Jeffry	
STREET ADDRESS	7800 Red Road, #115	
CITY - ST - ZIP	S. Miami, FL 33143	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Raulson, Dianne	
STREET ADDRESS	8311-A S.W. 107th Avenue	
CITY - ST - ZIP	Miami, FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	
1 3 STREET ADDRESS	
1 4 CITY - ST - ZIP	
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY - ST - ZIP	
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY - ST - ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	
4 3 STREET ADDRESS	200001740712
4 4 CITY - ST - ZIP	-03/13/96--01017--023
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	***200.00
5 3 STREET ADDRESS	
5 4 CITY - ST - ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME	
6 3 STREET ADDRESS	
6 4 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)(k), 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

SIGNATURE: *Jeffry Gillman* 3/8/96 305-661-0303
DATE DAYTIME PHONE #
Jeffry Gillman

CR2E034 (12/95)