

ANNUAL REPORT
1999Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N31627

1. Corporation Name

THE EMPLOYER/CHILD CARE CONNECTION, INC.

Principal Place of Business

800 SNELL ISLE BLVD N.E.
ST. PETERSBURG FL 33704
US

Mailing Address

800 SNELL ISLE BLVD N.E.
ST. PETERSBURG FL 33704
USFILED
Jul 06, 1999 8:00 am
Secretary of State

07-06-1999 90011 011 ****61.25



2. Principal Place of Business 21 543 Sandy Hook Rd Suite, Apt. #, etc.		2a. Mailing Address 26 543 Sandy Hook Rd Suite, Apt. #, etc.		3. Date Incorporated or Qualified 04/10/1989	
22		27		4. FEI Number 59-2970193 Applied For Not Applicable	
23 City & State Treasure Island		28 City & State Treasure Island		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip Florida		29 Zip Florida		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country Puerto Rico		30 Country Puerto Rico		10. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent OLSEN, SUSAN L. 800 SNELL ISLE BLVD NE ST. PETERSBURG FL 33704				81 Name Susan L. Olsen	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83 543 Sandy Hook Rd	
				84 City Treasure Island	
				85 Zip Code 33706	
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					
TITLE	D	DELETE			
NAME	ALBRIGHT, JAMES				
STREET ADDRESS	701 SIXTH ST. S.				
CITY-ST-ZIP	ST. PETERSBURG FL				
TITLE	D	DELETE			
NAME	GORDON, JUDITH				
STREET ADDRESS	9029 BAYWOOD PARK DRIVE				
CITY-ST-ZIP	SEMINOLE FL				
TITLE	D	DELETE			
NAME	DICKSON, DIANA				
STREET ADDRESS	535 20TH AVE. N.E.				
CITY-ST-ZIP	ST. PETERSBURG FL				
TITLE	P	DELETE			
NAME	OLSEN, SUSAN				
STREET ADDRESS	800 SNELL ISLE BLVD NE				
CITY-ST-ZIP	ST. PETERSBURG FL				
TITLE		DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE					
6.2 NAME					
6.3 STREET ADDRESS					
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/29/99

727 821-9305

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