FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:00

DOCUMENT # N33055 (7)

1. Corporation Name
CHILD CARE RESOURCE & REFERRAL, INC.

Principal Place of Business	Mailing Address
C/O LEE ALBEE 551 S.E. 8TH STREET, SUITE 500 DELRAY BEACH FL 33483	C/O LEE ALBEE 551 S.E. 8TH STREET, SUITE 500 DELRAY BEACH FL 33483

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/29/1989
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0128225 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 551 S.E. 8th Street	26 551 S.E. 8th Street
Suite, Apt. #, etc. 22 Suite 300	Suite, Apt. #, etc. 27 Suite 300
City & State 23 Delray Beach, Florida	City & State 28 Delray Beach, Florida
Zip / Country 24 33483 / 25 Palm Beach	Zip / Country 29 33483 / 30 Palm Beach

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TIRPAK, K. LEE
551 S.E. 8TH STREET
SUITE ~~500~~ 300
DELRAY BEACH FL 33483

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	President ☐ Change ☒ Addition
NAME	BRONSTEIN, ROBIN	12 NAME (D)	Bronstein, Robin (Allstate Insurance)
STREET ADDRESS	621 NW 53RD ST STE. 700	13 STREET ADDRESS	621 N.W. 53rd Street, Suite 700
CITY-ST-ZIP	BOCA RATON FL	14 CITY-ST-ZIP	Boca Raton, FL 33431
TITLE	VD	21 TITLE	First Vice President ☒ Change ☐ Addition
NAME	ROTELLA, BILL	22 NAME (D)	Terry Hargrove (Target Stores District Offi
STREET ADDRESS	5355 TOWN CENTER RD. 701	23 STREET ADDRESS	1901 S. Congress Avenue, Suite 110
CITY-ST-ZIP	BOCA RATON FL	24 CITY-ST-ZIP	Boynton Beach, FL 33426
TITLE	SD	31 TITLE	Second Vice President ☒ Change ☐ Addition
NAME	WALKER, SUSAN	32 NAME (T)	Joseph Testa (Testa Financial Svcs.,Inc.)
STREET ADDRESS	6111 BROKEN SOUND PARKWA	33 STREET ADDRESS	420 S.E. Fifth Terrace
CITY-ST-ZIP	BOCA RATON FL	34 CITY-ST-ZIP	Pompano Beach, FL 33060
TITLE	TD	41 TITLE	Secretary ☒ Change ☐ Addition
NAME	ANDREWS, DIANE	42 NAME (D)	Lori Tavoletti (Barnett Bank)
STREET ADDRESS	5533 CROYDON COURT	43 STREET ADDRESS	11601 Okeechobee Boulevard
CITY-ST-ZIP	BOCA RATON FL	44 CITY-ST-ZIP	Royal Palm Beach, FL 33411
TITLE		51 TITLE	Treasurer ☒ Change ☐ Addition
NAME		52 NAME (T)	Diane Andrews (Smith, Barney, Shearson)
STREET ADDRESS		53 STREET ADDRESS	7777 Glades Road/4th Floor
CITY-ST-ZIP		54 CITY-ST-ZIP	Boca Raton, FL 33434-4150
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	CERTIFIED BY MAIL
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robin Bronstein — Robin Bronstein — April 26, 1995 — 407/997-1418
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

00133B0