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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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May 07 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(3)

KIDDIE ACADEMY OF WEST BROWARD, INC. Principal Place of Business Mailing Address							
Principal Place of Bu	usiness	Mailing Address			1 10 2 11 10 1 10 1 10 1 10 1 10 1 10 1	A stri mint dinti dinti din	11 B1831 M1841 M1811 1841
1050 NW 43RD AVE 1050 NW 43RD AVE PLANTATION FL 33313 PLANTATION FL 33313							
					3. Date Incorporated or Qualified 07/23/1990		Last Report 26/1996
2. Principal Place of	Business	26. Malling Address	\$		4. FEI Number 65-0211889		Applied For Not Applicab
Suite, Apt. #, etc.		Suite, Apt. #, et	C.			□ \$(8.75 Additional
22		27			5. Certificate of Status Desired	<u> </u>	Fee Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution		5.00 May Be
Zip	Country	28	Co	untry	This corporation has liability for		Added to Fees under s. 199.032.
:4	25	29	30		Florida Statutes	Yes No	0
9.	Name and Address of Cu	rrent Registered Agent			10. Name and Address of New R	egistered Ager	ıt
				81 Name			
SMITH, CAROL A.				82 Street Addr	ress (P.O. Box Number is Not Acceptable)		
2310 NW 115 CORAL SPRIN				83			
CUMAL SPAIN	105 FL 33003						
				84 City		FL 85	Zip Code
11. Pursuant to the	provisions of Sections 617.	0502 and 617.1508, Florida	Statutes, the e	bove-named corp	poration submits this statement for the lion's board of directors. I hereby acception's		nging its registere
affine or register	red agent, or botb_in the S	tate of Florida. Such change	was authorize	ed by the corporat	tion's board of directors. I hereby acce	pt the appointn	nent as registered
agent. I am fam	iliar with, and accept the o	bligations of Section 617.06	03. Florida Sta	itutes.		, ,	
SIGNATURE	Karol	Comit			4/,	17/97	
SIGNATURESignatur	e, typed or printed name of registere	d agent and little if applicable	(NOTE: Registere	titutes. ed Agent signature requir	red when reinstating)	17/97 KATE	
SIGNATURE Signatur	e, tiped or printed name of registere OFFICERS	d agent and little if applicable AND DIRECTORS	(NOTE: Registere	ed Agent signature requir	4/,	7/97 CERS AND DIR	RECTORS IN 12
SIGNATURE Signatur 12. TITLE PO	e, typed or printed name of registere OFFICERS	d agent and little if applicable	(NOTE: Registere 13. TE 1.1 T	ed Agent signature requi	red when reinstating)	7/97 CERS AND DIR	
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