FILED FILE NOW: FILING FEE IS \$61.25 May 08 1998 8:00am NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State **DIVISION OF CORPORATIONS** 1998 **DOCUMENT #**1. Corporation Name (3) KIDDIE ACADEMY OF WEST BROWARD, INC. Principal Place of Business Mailing Address 1050 NW 43RD AVE 1050 NW 43RD AVE 3. Date Incorporated or Qualified PLANTATION FL 33313 PLANTATION FL 33313 07/23/1990 4. FEI Number Applied For 65-0211889 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Sulte, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 28 Yes No Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. Yes 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SMITH, CAROL A. Street Address (P.O. Box Number is Not Acceptable) 2310 NW 115TH DR **CORAL SPRINGS FL 33065** Zip Code 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 apopt the obligations of, Section 647.0509 Florida Statutes. SIGNATURE 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE NAME SMITH, CAROL A 1.2 NAME 2310 NW 115TH DR STREET ADDRESS 1.3 STREET ADDRESS CORAL SPRINGS FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Addition HAMILTON, KAREN 2.2 NAME 9352 NW 46TH CT STREET ADDRESS 2.3 STREET ADDRESS SUNRISE FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 1 Change Addition TITLE 3.1 TITLE Lona Stewart 5530 N.W. 44thst # WILMOT, CLEMENT 3.2 NAME MALE C-315 2030 NW 20TH AVE 3.3 STREET ADDRESS STREET ADDRESS Lauderhill H. 33319 SUNRISE FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change ☐ Addition TITLE 4.1 TITLE WILMOT, MERLE NAME 4. 2 NAME Ruth Spencer 2030 NW 20TH AVE STREET ADDRESS 4.3 STREET ADDRESS SUNRISE FL CITY-ST-ZIP 4.4 CITY - ST - ZIP 41. 33351 DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE

CITY-ST-ZP
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.

6.3 STREET ADDRESS

6.2 NAME

SIGNATURE:

NAME

STREET ADDRESS

Carol Oltonica

4/20/98 (954)390-2189