FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # N94000003082 (4)

1. Corporation Name

MIAMI ARTCC CHILD CARE, INC.

Principal Place of Business	Mailing Address
7500 N.W. 58TH STREET MIAMI FL 33166	7500 N.W. 58TH STREET MIAMI FL 33166

3. Date Incorporated or Qualified: **06/20/1994**
3a. Date of Last Report: **04/12/1995**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **65-0527291** ☐ 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

YORK, DANIEL E
7500 N.W. 58TH STREET
MIAMI FL 33166

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	YORK, DANIEL E		1.2 NAME		
STREET ADDRESS	9771 S.W. 219 STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33190		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FLYNN, ASELA T		2.2 NAME		
STREET ADDRESS	8688 S.W. 55TH STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	COOPER CITY FL 33328		2.4 CITY-ST-ZIP		
TITLE	D	~~DELETE~~ KEEP	3.1 TITLE		☐ Change ☐ Addition
NAME	LINDHOLM, DAVID E		3.2 NAME		
STREET ADDRESS	16162 S.W. 87TH COURT		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33157		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HARRIS, EVA Y		4.2 NAME		
STREET ADDRESS	17901 N.W. 68TH AVENUE, S-204		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES FL 33015		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MARLA L. KILLMON		5.2 NAME		
STREET ADDRESS	2719 SE 11 ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO, FL 33062		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Daniel E York DANIEL E YORK 3/20/96 305-116-1741
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #