FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	<u> </u>	-				
DOCU 1. Corporatio	MENT # N950	00003284 (5	5)			
	TIVE KIDS PRE-SCHOOL,	INC.				
						[8] 6 6 6 6 6 6 6
Principal Place of Business Mailing Address					— T (BADILIEN BIÐ IRIÐI BOLU 1804U LOKUL ÓÐUL ÓÐUL	LENKI REKED NYINS DIDEN NOLLI ETRU HOLI
2041 SOUTHWEST 20TH STREET 2841 SOUTHWEST 20TH 8			STREET		3. Date Incorporated or Qualified	
OCALA FL 344	174	OCALA FL 34474			07/05/1995	
					4. FEI Number	Applied For
2. Principal P	Place of Business	2a. Malling Address			59-3330833	Not Applicable \$8.75 Additional
21 26		26			6. Certificate of Status Desired	Fee Required
		Suite, Apt. #, etc.			6. Election Campaign Financing	\$5.00 May Be
22 City & Stat	8	City & State			7. Is this nonprofit corporation a homeo	
23		28			Ye	
Zip	Country	Zip	Country		8. This corporation owes or has paid th	
24	9. Name and Address of Cui	rent Registered Agent	30		Personal Property Tex due June 30. 10. Name and Address of New Register 10. Personal Property Tex due June 30.	Yes No
	<u> </u>		81 Na	ıme	10, 112,100,100,000	
SCHWE	ITZ, FREDERICK O		82 St	eet Add	ress (P.O. Box Number is Not Acceptable)	
2841 SOUTHWEST 20TH STREET						
OCALA	FL 34474		83			
			84 Cit	У		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617 (0502 and 617 1508 Florida Stat	utas the above-nar	ned corr	poration submits this statement for the nuror	re I
office or r	egistered agent, or both, in the St	ate of Florida. Such change was	s authorized by the	corpora	poration submits this statement for the purportion's board of directors. I hereby accept the	appointment as registered
SIGNATURE	in laminar with and accept the oc	nigations of, osciloit of 7.0000, 1	ionas statutos.			
	Signature, typed or printed name of registered		OTE: Registered Agent sign	ature requ		NTE .
12.	D	AND DIRECTORS DELETE	1.1 TITLE	Т	ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	CURTIS, DIANE	Can provide	1.2 NAME	- }		C ounds Classica
STREET ADDRESS	1536 SOUTHEAST 27TH S	TREET	1.3 STREET ADDR	ess		
CITY-ST-ZIP	OCALA FL 34474		1.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE	2.1 TITLE			Change Addition
NAME	CLEMENT, GLENNA	ATRICT	2.2 NAME			
STREET ADDRESS CITY-ST-21P	5301 SOUTHEAST 110TH BELLEVIEW FL 34420	SINEEI	2.3 STREET ADDR 2.4 CITY-ST-ZIP			
TITLE	D D D	DELETE	3.1 TITLE	-		Change Addition
NAME	SCHWEITZ, FREDERICK O		3.2 NAME	- 1		
STREET ADDRESS	400 SOUTHWEST 48TH ST	TREET ROAD	3.3 STREET ADOR	ESS]		
CITY-ST-ZIP	OCALA FL 34474		3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS CITY-ST-ZIP			4.3 STREET ADOR	199		
TITLE	 	☐ DELETE	5.1 TITLE	-		Change Addition
NAME		- ·	5.2 NAME			
STREET ADDRESS			5.3 STREET ADDR	ESS		
CITY-ST-ZIP		·	5.4 CITY - ST - ZIP			
TITLE		☐ DELETE	6.1 TITLE	-		☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDR	ESS		
MTV. CT. TID			6 4 CITY - ST - 210			

14. Thereby certify that the information supplied with this filling 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 five 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 thereceiver or trustee improvement to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 13 if changed, or on a lattachment with an indicated.

SIGNATURE:

AND SECTION

4.30.95

237 5441

FILED

May 08 1998 8:00am

Secretary of State