FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortha n Secretary of State

•	1996			OF COF		IONS			
DOCU 1. Corporati	JMENT # Non Name	19500000	4437	(8)					
TITUS	S TOTS DAYCARE	. INC.					1		
1,100	S TOTO DATORILE	1110,					E PROPERTI ATO PRINCI ACTUAL CONTRACTOR DE LA	. AAND BEDEL ALAAA ANDA A	(A) (A) (
Drigging Digg	og of Durings	·	 		<u> </u>				
	ce of Business	Mai	ling Address				CARROLLES HIS INITE OF THE CONTRACT OF THE CON	Abist Bratt 45064 listi f	IBBI IBBI
9960 BYRN JACKSONV	ies road Tille fl 32246		960 Byrnes Roj Acksonville Fl	_					
9. Deignalis al 5	Di						09/15/1995	Date of Last Report	t
2. Principai i	Place of Business	2a. l	Mailing Address				4. FEI Number 59-33362	Applied	
Suite, Apt	t. #, etc.		Suite, Apt. #, etc				37-33062		plicable
22		27		•			5. Certificate of Status Desired	\$8.75 Addit Fee Require	
City & Sta	ite		City & State				6. Flection Campaign Financing	\$5.00 May	
23 4 Zip	Countr	[28]	7:				Trust Fund Contribution	Added to Fe	Bes
24	25	29	Z ip	30	Country	у	8. This corporation has liability for intangible		32,
		ess of Current Registe	red Agent		—		Florida Statutes Yes 1 10. Name and Address of New Registered		
				-	81	Name		- Agent	
Washington, april v					82	Street	ddress (P.O. Box Number is Not Acceptable)		
9960 BYRNES ROAD					L				
JACKS	ONVILLE FL 32246				83				
					84	City		85 Zip Code	,
11. Pursuant	to the provisions of Secti	ons 617 0502 and 617	1508 Florida Str	tutor the	Shown.	pomod s	poration submits this statement for the purpose of cl	_	
or register familiar w	ered agent, or both, in the	State of Florida. Such o	hange was auth	orized by	the corp	poration's	poration submits this statement for the purpose of clooard of directors. I hereby accept the appointment a	ianging its registere s registered agent.	ed office . I am
SIGNATURE	W//L	tions of, section by not	rigida Sjati		Post		<u> </u>	10 19	91
	Signature, typed or pricted name			(NOTE Negi		_	juired when reinstating). DATE	• 18 <u>, 197</u>	
12.	/ C	FFICERS AND DIRECT			13.		ADDITIONS/CHANGES TO OF ICERS AN	D DIRECTORS IN 1	12
NAME	'	nnii v	DELETE		1.1 TITLE		D	☐ Change ☐ Ac	ddition
STREET ADDRESS	WASHINGTON, AI 9960 BYRNES RO				1.2 NAME		JENNIFER LIATEL 365 Monument R JAN. FL. 82246	(44	
CITY-ST-ZIP	JACKSONVILLE F					ADDRESS	365 Minument R	d # 17-	12
TITLE	43	LULLIO	DELETE		<u>14 CHY - S</u> 21 THLE	ST-ZIP	JAK M. OLLY6		ddition
NAME	Retha P.	Nright		1	2.2 NAME				uaitigit
STREET ADDRESS	1449 LINES	. DK			2.3 STREET	ADDRESS .			
CITY-ST-ZIP	JAYIFL	32246			2. 4 CITY - :	S1 - ZIP			
TITLE	\mathcal{D}		DELETE		3.1 7(1)			☐ Change ☐ Ad	ddition
NAME	Rodney J	Washing	ودن		3 2 NA				
STREET ADDRESS CITY-ST-ZIP	1960 BY	eneshing				ADORESS			
TITLE	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	30041	DELETE		3 4. Clay - 5 4.1 Til 16	ST-ZIP		☐ Change ☐ Ad	al altition o
NAME					1.2 NAME		B ^{rows} and the array array same, the common of the common	- • -	JOHLOU
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CITY-ST-ZIP					1.4 CHY-S	ſ	*************************************	3D	
TITLE			DELETE		1 TITLE			Change Ad	dition
NAME OXDEEX +0000000					2 NAME				
STREET ADDRESS					3.3 STREET				
CITY-ST-ZIP TITLE			DELETE		4 CITY - S	T-ZIP		F-1	
NAME			Phereig		A TITLE			Change 🔲 Add	idition

6.4 C(TY-ST-Z(P 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP