

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N95000005426 (0)**  
1. Corporation Name  
**TOWN PARK DAYCARE, INC.**



Principal Place of Business <b>1680 NW 4 AVE MIAMI FL 33136 520 N.W. 17th St. #6-A Miami, FL 33136</b>	Mailing Address <b>1680 NW 4 AVE. MIAMI FL 33136 520 N.W. 17th St. #6-A Miami, FL 33136</b>
---	--

2. Principal Place of Business 21 <b>520 N.W. 17th Street</b> Suite, Apt. #, etc. 22 <b>#6-A</b> City & State 23 <b>Miami, FL</b> Zip 24 <b>33136</b>	2a. Mailing Address 26 <b>520 N.W. 17th Street</b> Suite, Apt. #, etc. 27 <b>#6-A</b> City & State 28 <b>Miami, FL</b> Zip 29 <b>33136</b>	Country 25 <b>Dade</b>	Country 30
--	---	---------------------------	---------------

3. Date Incorporated or Qualified <b>11/15/1995</b>	3a. Date of Last Report <b>04/25/1996</b>
4. FEI Number <b>65-0624490</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

<b>OLAIGBE, OLA</b> <b>18441 NW 2 AVE #20</b> <b>MIAMI FL 33169</b>	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code

10. Name and Address of New Registered Agent

	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	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	
TITLE	PD <input type="checkbox"/> DELETE
NAME	<b>SMITH, ANNIE</b>
STREET ADDRESS	<b>1620 NW 4 AVE #13A</b>
CITY-ST-ZIP	<b>MIAMI FL 33136</b>
TITLE	VD <input type="checkbox"/> DELETE
NAME	<b>SLATER, LILLIAN</b>
STREET ADDRESS	<b>1640 NW 4 AVE #10C</b>
CITY-ST-ZIP	<b>MIAMI FL 33136</b>
TITLE	SD <input type="checkbox"/> DELETE
NAME	<b>BLACKSHEAR, THERESA</b>
STREET ADDRESS	<b>1680 NW 4 AVE #15E</b>
CITY-ST-ZIP	<b>MIAMI FL 33136</b>
TITLE	TD <input type="checkbox"/> DELETE
NAME	<b>SPANN, NELLIE</b>
STREET ADDRESS	<b>1530 NW 4 AVE #18B</b>
CITY-ST-ZIP	<b>MIAMI FL 33136</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>WATSON, LINDA</b>
STREET ADDRESS	<b>1670 NW 4TH AVE #12A</b>
CITY-ST-ZIP	<b>MIAMI FL 33136</b>
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	<b>HUDSON, LINDA</b>
STREET ADDRESS	<b>1680 NW 4TH AVE #8A</b>
CITY-ST-ZIP	<b>MIAMI FL 33136</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Pattie Walker</b>
1.3 STREET ADDRESS	<b>1620 N.W.4th Ave #13-H</b>
1.4 CITY-ST-ZIP	<b>Miami, FL 33136</b>
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>CLara McCray</b>
2.3 STREET ADDRESS	<b>1600 N.W.4th Ave #16-H</b>
2.4 CITY-ST-ZIP	<b>Miami, FL 33136</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CR2E037 (9/96)