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Apr 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000005426 (0)**

1. Corporation Name

TOWN PARK DAYCARE, INC.



Principal Place of Business		Mailing Address	
1680 NW 4 AVE MIAMI FL 33136 520 N.W. 17th St. #6-A Miami, FL 33136		1680 NW 4 AVE. MIAMI FL 33136 520 N.W. 17th St. #6-A Miami, FL 33136	
2. Principal Place of Business		2a. Mailing Address	
21 520 N.W. 17th Street Suite, Apt. #, etc. 22 #6-A City & State 23 Miami, FL Zip 24 33136		26 520 N.W. 17th Street Suite, Apt. #, etc. 27 #6-A City & State 28 Miami, FL Zip 29 33136	
Country		Country	
25 Dade		30	

3. Date Incorporated or Qualified 11/15/1995	3a. Date of Last Report 04/25/1996
4. FEI Number 65-0624490	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 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

OLAIGBE, OLA
18441 NW 2 AVE #220
MIAMI FL 33169

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

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	SMITH, ANNIE
STREET ADDRESS	1620 NW 4 AVE #13A
CITY-ST-ZIP	MIAMI FL 33136
TITLE	VD <input type="checkbox"/> DELETE
NAME	SLATER, LILLIAN
STREET ADDRESS	1640 NW 4 AVE #10C
CITY-ST-ZIP	MIAMI FL 33136
TITLE	SD <input type="checkbox"/> DELETE
NAME	BLACKSHEAR, THERESA
STREET ADDRESS	1680 NW 4 AVE #15E
CITY-ST-ZIP	MIAMI FL 33136
TITLE	TD <input type="checkbox"/> DELETE
NAME	SPANN, NELLIE
STREET ADDRESS	1530 NW 4 AVE #18B
CITY-ST-ZIP	MIAMI FL 33136
TITLE	D <input type="checkbox"/> DELETE
NAME	WATSON, LINDA
STREET ADDRESS	1670 NW 4TH AVE #12A
CITY-ST-ZIP	MIAMI FL 33136
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	HUDSON, LINDA
STREET ADDRESS	1680 NW 4TH AVE #8A
CITY-ST-ZIP	MIAMI FL 33136

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	Pattie Walker
1.3 STREET ADDRESS	1620 N.W.4th Ave #13-H
1.4 CITY-ST-ZIP	Miami, FL 33136
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CLara McCray
2.3 STREET ADDRESS	1600 N.W.4th Ave #16-H
2.4 CITY-ST-ZIP	Miami, FL 33136
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 _____

CR2E037 (9/96)