

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 28 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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	
520 NW 17TH ST 6-A MIAMI FL 33136 US		520 NW 17TH ST 6-A MIAMI FL 33136 US	
21	2. Principal Place of Business	2a	2a. Mailing Address
	Suite, Apt. #, etc.		Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	Country

3. Date Incorporated or Qualified  
**11/15/1995**

4. FEI Number  
**65-0624490 65-0624490**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, ANNIE	1.2 NAME	
STREET ADDRESS	1620 NW 4 AVE #13A	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33136	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLATER, LILLIAN	2.2 NAME	
STREET ADDRESS	1640 NW 4 AVE #10C	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33136	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACKSHEAR, THERESA	3.2 NAME	
STREET ADDRESS	1660 NW 4 AVE #15E	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33136	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPANN, NELLIE	4.2 NAME	
STREET ADDRESS	1530 NW 4 AVE #18B	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33136	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, LINDA	5.2 NAME	
STREET ADDRESS	1670 NW 4TH AVE #12A	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33136	5.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, PATTIE	6.2 NAME	
STREET ADDRESS	1620 NW 4TH AVE #13-H	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	

14. I 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: *Annie Smith* **4-20-96 305-573-1105**

CP2E037 (10/97)