


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90139 014 ****61.25

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|--|--|---|--|---|--|
| NONPROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # N97000001052 | | | | | |
| 1. Corporation Name PETER PAN DAY CARE CENTER, INC. | | | | | |
| Principal Place of Business 1602 BRUTON BLVD. ORLANDO FL 32805 | | | Mailing Address 1602 BRUTON BLVD. ORLANDO FL 32805 | | |



| | | | | | |
|--------------------------------|--|---------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | | 26 | | 02/25/1997 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 | | 27 | | 59-3428702 | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 | | 28 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Zip | | Country | | 24 | |
| 25 | | 29 | | 30 | |

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| SIPLIN, GARY A 1602 BRUTON BLVD. ORLANDO FL 32805 | | | | 81 Name | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | 83 | | | |
| | | | | 84 City <u>Miami</u> FL 85 Zip Code <u>33103</u> | | | |

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 | WILLIAMS, LILLIE PEARL | | | 1.2 NAME | | | |
| STREET ADDRESS | 700 EAST ALPINE STREET | | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | ALTAMONTE SPRINGS FL 32701 | | | 1.4 CITY-ST-ZIP | | | |
| TITLE | VD | <input type="checkbox"/> DELETE | | 2.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | VENSON, MAXINE | | | 2.2 NAME | | | |
| STREET ADDRESS | 1602 BRUTON BLVD. | | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | ORLANDO FL 32805 | | | 2.4 CITY-ST-ZIP | | | |
| TITLE | SD | <input type="checkbox"/> DELETE | | 3.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | LAMAR, LILLIE JEAN | | | 3.2 NAME | | | |
| STREET ADDRESS | 1933 WILLIAMS MANOR AVE. | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | ORLANDO FL 32811 | | | 3.4 CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> DELETE | | 4.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | LUCIOUS, CONWAY | | | 4.2 NAME | | | |
| STREET ADDRESS | 1933 WILLIAMS MANOR AVE. | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | ORLANDO FL 32811 | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> DELETE | | 5.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | CARTER, MERRIS | | | 5.2 NAME | | | |
| STREET ADDRESS | 5230 N.O.B.T. APT. #204 | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | ORLANDO FL 32810 | | | 5.4 CITY-ST-ZIP | | | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE | | 6.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | THOMAS, LINDA | | | 6.2 NAME | | | |
| STREET ADDRESS | 216 IVEY LANE | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | ORLANDO FL 32811 | | | 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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** Lillie P. Williams 1-12-99

CR2E037 (11/98)