FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # N9700004020 (0)

SUNNY KIDS DAY CARE CENTERS INC.

FILED May 06 1998 8:00am Secretary of State

| SUMMI RIDS DAT CARE CENTERS INC. | | | | | | | |
|--|--|---|--|----------------------|---------|--|--|
| Principal Place of Business | | | Mailing Address | | | | ı canısını den jaini enni danlı anıcı balın danın balın balın balın balın bilin balın balın balın danı |
| 21354 S.W. 112TH AVENUE GOULDS FL 33189 | | | POST OFFICE BOX 170226 HIALEAH FL 33017 | | | | 3. Date Incorporated or Qualified 07/15/1997 |
| | | | | | | | 4. FEI Number Applied For |
| 2. Principal P | ace of Business | 2a. | 2a. Mailing Address | | | | Not Applicable |
| 21 | | | 26 | | | | 5. Certificate of Status Desired |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | 6. Election Campaign Financing \$5.00 May Be |
| 22 | | | 27 | | | | Trust Fund Contribution Added to Fees |
| City & State | | | City & State | | | | 7. Is this nonprofit corporation a homeowners association? Yes No |
| Zip Country | | | Zip Cou | | try | | 8. This corporation owes or has paid the current year Intergible |
| 24 | 25 29 30 9. Name and Address of Current Registered Agent | | 30 | | | Personal Property Tax due June 30. Yes No | |
| ļ | 9. Name and Address | of Current Regis | legistered Agent | | 31 | Name | 10. Name and Address of New Registered Agent |
| DAVIC A | DI EEN | | | | \perp | | |
| Davis, arleen 21354 S.W. 112TH avenue | | | | | 32 | Street Addr | dress (P.O. Box Number is Not Acceptable) |
| GOULDS FL 33189 | | | | | 13 | | |
| | | | | Ī | и | City | 85 Zip Code |
| 11. Pursuant t | to the provisions of Section | s 617.0502 and 6 | 17.1508, Florida State | utes, the abo | | named corp | |
| 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 | | | | | | | |
| 12. | Signature, typed or printed name of r | egistered agent and title CERS AND DIREC | | OTE: Registered | Agent | t eignature require | uired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | PSD | CENS KIND DINE | DELETE | 1.1 3070 | E | | Change Addition |
| NAME | DAVIS, ARLEEN | | | 1.2 NAA | | | |
| STREET ADDRESS | 21354 S.W. 112TH A | /ENUE | | 1.3 STR | EET A | ADDRESS | |
| CITY-ST-ZIP | GOULDS FL 33189 | | | 1.4 CITY | r-\$T- | - ZIP | |
| TITLE | D | | DELETE | 2.1 TITE | E | | ☐ Change ☐ Addition |
| NAME | HARRIS, BERNICE | | | 2.2 NAM | Æ | | |
| STREET ADDRESS | 21354 S.W. 112TH A | <i>V</i> ENUE | | 2.3 STR | EET A | NODRESS | |
| CITY-ST-ZIP | GOULDS FL 33189 | | | 2. 4 CIT | _ | - ZIP | |
| TITLE | D | | DELETE | 3.1 TITL | | | Change Addition |
| HAME | DAVIS, LEARY M | ara mar | | 3.2 NAM | | | |
| STREET ADDRESS | 21354 S.W. 112TH AV GOULDS FL 33189 | KEMUE | | | | LODRESS | |
| CITY-ST-ZIP TITLE | GOOLUS FL 33 108 | | DELETE | 3.4. CIT 4.1 TITL | | - 218 | Change Addition |
| NAME | ı | | | 4.2 NA | - | (| |
| STREET ADDRESS | 1 | | | | | LDDRESS | |
| CITY-ST-ZIP | | | | 4.4 CIT | | - 1 | |
| TITLE | | | DELETE | 5.1 TITL | E | | Change Addition |
| NAME | | | | 5.2 NAA | 4E | Ì | |
| STREET ADDRESS | 1 | | | 5.3 STR | EET A | LDDRESS | |
| CITY-ST-ZIP | | | | 5.4 CIT | /- ST- | -ZIP | |
| TITLE | | | ☐ DELETE | 6.1 TITE | | ļ | Change Addition |
| NAME | | | | 6.2 NA | | ļ | |
| STREET ADDRESS | | | | | | vodress | |
| CITY-ST-ZIP | partify that the information of | upplied with this | filing does not qualify | 6.4 CIT | Y-ST- | -ZIP | n Section 119 07/3/ii) Florida Statutes I further certify that the information |
| 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 acceiver or trutiee 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 ap attachment with an address. | | | | | | | |