FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS	**FILED Feb 19, 1999 8:00 am Secretary of State** 02-19-1999 90146 001 ****70.00

DOCUMENT # N98000007043

1. Corporation Name

CENTER FOR CHILD CARE AND SENIOR SERVICES, INC.

Principal Place of Business	Mailing Address
1055 NW REDLAND RD FLORIDA CITY FL 33034	1055 NW REDLAND RD FLORIDA CITY FL 33034

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed **12/11/1998**
21	26	4. FEI Number ☑ Applied For / Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certifcate of Status Desired ☑ **$8.75** Additional Fee Required
City & State 23	City & State 28	
Zip 24 / Country 25	Zip 29 / Country 30	6. Election Campaign Financing ☐ Trust Fund Contribution **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FERGUSON, WELLINGTON SR 10370 SW 182ND ST MIAMI FL 33157	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 reinstating)   DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE PD	☐ DELETE	1.1 TITLE	☐ Change	☐ Addition
NAME FERGUSON, WELLINGTON SR		1.2 NAME		
STREET ADDRESS 10370 SW 182ND ST		1.3 STREET ADDRESS		
CITY-ST-ZIP FLORIDA CITY FL 33034		1.4 CITY-ST-ZIP		
TITLE VD	☐ DELETE	2.1 TITLE	☐ Change	☐ Addition
NAME MALLET, CHESTER		2.2 NAME		
STREET ADDRESS 449 SW 11TH AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP HOMESTEAD FL 33234		2.4 CITY-ST-ZIP		
TITLE SD	☐ DELETE	3.1 TITLE	☐ Change	☐ Addition
NAME FORE, FRONDA E		3.2 NAME		
STREET ADDRESS 10365 SW 173RD TERR		3.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI FL 33157		3.4 CITY-ST-ZIP		
TITLE TD	☐ DELETE	4.1 TITLE	☐ Change	☐ Addition
NAME FERGUSON, WELLINGTON SR		4.2 NAME		
STREET ADDRESS 10370 SW 182ND ST		4.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI FL 33157		4.4 CITY-ST-ZIP		
TITLE D	☐ DELETE	5.1 TITLE	☐ Change	☐ Addition
NAME BROWN, SOLOMAN		5.2 NAME		
STREET ADDRESS 680 NW 3RD ST		5.3 STREET ADDRESS		
CITY-ST-ZIP FLORIDA CITY FL 33034		5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE	☐ Change	☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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** *Wellington Ferguson Jr.*   2/4/99   305) 235-8525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #