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Aug 10, 1999 8:00 am
Secretary of State

08-10-1999 90004 003 *****8.75

08-10-1999 90004 004 *****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000007273			
1. Corporation Name HAPPY DAY EDUCATIONAL AND DEVELOPMENT CENTER, INC.			
Principal Place of Business 20625 NW 33RD CT. MIAMI FL 33056		Mailing Address 20625 NW 33RD CT. MIAMI FL 33056	



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2. Principal Place of Business 21 HAPPY DAY ED. & DEV. CTR. Suite, Apt. #, etc. 22 City & State 23 MIAMI, FL. Zip 24 33056		2a. Mailing Address 26 20625 N. W. 33rd CT. Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 U.S.		3. Date Incorporated or Qualified 12/22/1998 4. FEI Number N98000007273 5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required 6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
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9. Name and Address of Current Registered Agent LOVE, FANNIE 20625 NW 33RD CT. MIAMI FL 33056		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	
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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 ☐ DELETE NAME D FANNIE S. LOVE STREET ADDRESS 20625 N. W. 33rd COURT CITY-ST-ZIP MIAMI, FL. 33056	1.1 TITLE ☐ Change ☒ Addition 1.2 NAME M ANNIE L. DISMUKE 1.3 STREET ADDRESS 20531 N. W. 33PLACE 1.4 CITY-ST-ZIP MIAMI, FL. 33056		
TITLE ☐ DELETE NAME D RONALD LOVE STREET ADDRESS 20625 N. W. 33rd COURT CITY-ST-ZIP MIAMI, FL. 33056	2.1 TITLE ☐ Change ☒ Addition 2.2 NAME MARY L. CARTER 2.3 STREET ADDRESS 16521 N. W. 19th AVE 2.4 CITY-ST-ZIP OPA LOCKA, FL. 33054		
TITLE ☐ DELETE NAME D RODERICK LOVE STREET ADDRESS 20625 N. W. 33rd COURT CITY-ST-ZIP MIAMI, FL. 33056	3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE ☐ Change ☐ Addition 6.2 NAME 6.3 STREET ADDRESS 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: FANNIE S. LOVE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-26-99

(305) 625-1848

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