FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

208 THIRD AVE. NORTH SECOND FLOOR NASHVILLE TN 37201



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P13897

(4)

Mailing Address 208 THIRD AVE. NORTH SECOND FLOOR

NASHVILLE TN 37201-1617

ENRICHMENT PRE-SCHOOLS, INC.

	Feb 06 1	997	7 8:0)0an	n									
Secretary of State														
	Scoretary or State													
): ((1111)										
	v.		•											
	; 													
3.	Date Incorporated or Qualified 04/03/1987	3a. Date of Last Report 02/05/1996												
4.	FEI Number) OE/C	Ap	plied For	1									
	62-1241123			t Applicable	4									
5.	Certificate of Status Desired		\$8.75 A											
6.	Election Campaign Financing Trust Fund Contribution		\$5.00 Added 1											
8.	This corporation has liability for in Florida Statutes	itangible Yes	ax under s. No	199.032,										
10.	Name and Address of New Reg	7			1									
s (F	O. Box Number is Not Acceptable	e)			1									
					1									
•••••		FL	85 Zip (Code										
atio	n submits this statement for the proposed of directors. I hereby accep	rpose of	changing it	s registered										
	,,				ļ									
	reinstating)	DATE]_									
	ADDITIONS/CHANGES TO OFFIC	ERS AND]6									
			Change	Addition	6)									
					R2E034 (9/96)									
					32E									
	·····		T-1 6	T 1 1 (199)	175									

FILED

						04/03/1987	02/0	5/199	6		
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		T	Applied For		
21		26				62-1241123			Not Applicable		
	u-te, Apt. #, etc. Suite. Apt. #, etc.							\$8.7	5 Additional		
22		27				5. Certificate of Status Desired		Fee	Required		
City & State	3	City & State				6. Election Campaign Financing		\$5	00 May Be		
23		28				Trust Fund Contribution			led to Fees		
Zip	Country	Žip	Cour	ntry		8. This corporation has liability for i	ntangible 1	ax und	er s. 199.032.		
24	25	29	30			Florida Statutes	Yes 🖸	No			
	9. Name and Address of Current	Registered Agent	1			10. Name and Address of New Re-	pistered A	ent			
KFT	CHEY, CHARLES F. JR.			81	Name						
400 MO TAMBA CTD											
				82 Street Address (P.O. Box Number is Not Acceptable)							
STE 1900				83							
IAM	IPA FL 33602			-							
			ľ	84	City			85	Zip Code		
				1			FL.	<u> </u>			
11. Pursuarit i office or re agent Lai	to the provisions of Sections 607.0502 egistered agent or both, in the Stale i in familiar with, and accept the obliga	2 end 607.1508, Florida Statu of Florida. Such change was tions of, Section 607,0505, Fl	tes, the ab authorized lorida Statu	iove i by utes	e-named corpo the corporation	oration submits this statement for the pon's board of directors. I hereby accep	urpose of o	hangir Intmen	ng its registered t as registered		
SIGNATURE	Styriahas Tyach or printed name of tensivered ager				nt signature require		DATE				
12.	OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	13.	Age	ni agna ore require	ADDITIONS/CHANGES TO OFFIC		DIREC:	TORS IN 12		
TITLE	SD OF TOUTS AND	DELETÉ	1.1 111	· E	····	ADDITIONS/OFFANGES TO OFFIC	LIIO AND	Char			
	TYNES, DORSEY H.	Fred Deterie	1		ì			OIIO	go Addition		
NAME	5910 ROBERT E. LEE COURT		1.2 NA								
STREET ADDRESS					ADDRESS						
CITY- ST-ZIP	NASHVILLE TN	Dr. car	1,4 CIT		1-ZIP			-1	T-1 - 088		
TITLE	D	[] DELETE	2.1 111	LE			ļ	Char	ige [_] Addition		
NAME	GAW, DAVID W.		2.2 NA	ME							
STREET ADDRESS	395 WALLACE RD, BLDG B, S	TE 104	2.3 \$11	REET	ADDRESS						
CHY-ST-ZIP	NASHVILLE TN		2. 4 CI	TY-\$	ST-ZIP						
TITLE	PD	☐ DELETE	3.1 T(T	LE			l	Char	ige 🔲 Addition		
NAME	tynes, linda l		3.2 NA	ME							
STREET ADDRESS	4026C WOODMONT BLVD		3.3 \$11	REET	ADDRESS						
City - St - ZiP	NASHVILLE TN		3.4 CI	ITY - S	ST-21P						
TITLE	D	DELETE	4.1 7/1					Char	ge Addition		
NAME	GAW, JEFFREY		4.2 NA	AME	}						
STREET ADDRESS	395 WALLACE RD, BLDG B, S	TE 104			ADDRESS						
CITY - ST - ZVP	NASHVILLE TN	•	4401		1				Ì		
TITLE		DELETE	51717					Char	nge Addition		
NAME			5 2 NA				'				
					ADDRESS						
STREET ADDRESS					1				\		
CITY - ST - ZIP		DELETE	5 4 01		1-119			Char	nge Addition		
TITLE		FT ACTEUR	6.1 TIT					016	igo [Addition]		
NAME			6.2 NA								
STHEET ADDRESS			6.3 ST	REET	ADDRESS						
CITY-ST-ZP			6.4 CIT								
14. do herel	by certify that the information supplied	t with this filing does not qua	lify for the	exe	mption stated	in Section 119.07(3)(i), Fiorida Statute	s. 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 corpor flyn or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or en an attachment with an address.