

FILE NOW: FILING FEE AFTER MAY 1 IS \$50.00

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May 07 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS



DOCUMENT # P92000007935  
1. Corporation Name  
Wee Kids of Pasco, Inc.

Principal Place of Business  
7932 Little Road  
New Port Richey, Fl.  
34653

Mailing Address  
SAME

3. Date Incorporated or Qualified  
3a. Date of Last Report  
1996

|                                      |                           |   |                                |
|--------------------------------------|---------------------------|---|--------------------------------|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 | 4. FEI Number<br>59-3159067                               | Applied For<br>Not Applicable  |
| Suite, Apt. #, etc.<br>22            | Suite, Apt. #, etc.<br>27 | 5. Certificate of Status Desired<br>X                     | \$8.75 Additional Fee Required |
| City & State<br>23                   | City & State<br>28        | 6. Election Campaign Financing<br>Trust Fund Contribution | \$5.00 May Be Added to Fees    |
| Zip<br>24                            | Country<br>25 PASCO       | Zip<br>29   | Country<br>30                  |

|  |  |   |  |
|--|--|---|--|
| 9. Name and Address of Current Registered Agent<br>Lynn Mahs<br>7211 Heath Drive<br>Port Richey, Fl. 34668 |  | 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<br>FL                                     |  |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Lynn Mahs  
(Signature of person or persons named or 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<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> DELETE | 1.1 TITLE<br>12 NAME<br>13 STREET ADDRESS<br>14 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> DELETE | 2.1 TITLE<br>22 NAME<br>23 STREET ADDRESS<br>24 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> DELETE | 3.1 TITLE<br>32 NAME<br>33 STREET ADDRESS<br>34 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> DELETE | 4.1 TITLE<br>42 NAME<br>43 STREET ADDRESS<br>44 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> DELETE | 5.1 TITLE<br>52 NAME<br>53 STREET ADDRESS<br>54 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> DELETE | 6.1 TITLE<br>62 NAME<br>63 STREET ADDRESS<br>64 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

President and Treasurer  
Lynn Mahs  
7211 Heath Drive  
Port Richey, Fl. 34668  
V. Pres. and Secretary  
Kathleen Poppelowski  
7014 King Arthur Drive  
Port Richey, Fl. 34668

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5/7/97

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lynn Mahs  
AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
4/29/97 (813) 842 9188  
Date Daytime Phone

CR2E034 (9/96)