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

PROFIT CORPORATION **ANNUAL REPORT**

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P92000008168 (6)

FILED Feb 17 1998 8:00am Secretary of State

HUGGI	INS CHILD CARE, INC.				
Principal Plac	e of Business	Mailing Address			, 2121 1010 1 1131 2 1131 1011 1001
2570 KENTUCKY STREET 2570 KENTUCKY STREET W. PALM BEACH FL 33406 W. PALM BEACH FL 3340					
W. FALM BEACH PL 30400				DO NOT WRITE IN THI	S SPACE
				3. Date Incorporated or Qualified	
				11/30/1992	
	Place of Business	2a. Mailing Address	widow Alman	4. FEI Number 65-0276045	Applied For
21 47 8 Suite, Apt.	Cambridge Street	26 4718 (amb	Traye SHEEL	03-02/0043	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat		City & State	۱۱ سد ۱۱	6. Election Campaign Financing	\$5.00 May Be
23 LAKC		28 LAKE WOR	the the	Trust Fund Contribution	Added to Fees
Zip	Country	7 D 24/ /	Country	8. This corporation owes or has paid the o	
24 33461	25 USA- 9. Name and Address of Current	[29] 3 346/ 3(ol USA	Personal Property Tax due June 30. 10. Name and Address of New Registere	Yes No
W	AGNER, H. T JR.	riogistorea rigoni	81 Name	ID. Hallo allo Albardon o . Hall Hogerton	
MACHEN, II. 1 VII.					
STE 300			ess (P.O. Box Number is Not Acceptable)		
	PALM BEACH FL 33401		83		
			84 City		85 Zip Code
11, Pursuant office or r agent. La	to the provisions of Sections 607.0502 registered agent, or both, in the State or familiar with, and accept the obligat	and 607.1508, Florida Statutes, of Florida: Such change was aut aons of, Section 607.0505, Florid	, the above-named corp horized by the corporat da Statutes.	oration submits this statement for the purpose ion's board of directors. I hereby accept the a	of changing its registered ppointment as registered
SIGNATURE	Signature, lysed or prioteo riso is of registered agent	constitute association (NOTE: E	Registered Agent signature requir	ed when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE		Change Addition
NAME	HUGGINS, SALLIE		12 NAME		
STREET ADDRESS	2570 KENTUCKY STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 THILE		Change Addition
NAME	HUGGINS, MICHAEL		2.2 NAME		
STREET ADDRESS	2570 KENTUCKY STREET WEST PALM BEACH FL		2.3 STREET ADDRESS		i
CITY-ST-ZIP	WEST FALM BEAUTIFL	DELETE	2 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
TITLE			3.2 NAME		The custoff The supporting
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		Change Addition
NAME			62 NAME		
STREET ADDRESS	Į		6.3 STREET ADDRESS		
	1		6.4 CITY-ST-7/P		ì

Thereby certify that the information supplied with this hing does not quality for the excition in section 1.9507(5)(f), Fiorida Statutes. Flutter certify that the information indicated on this annual report or supplied under oath; that I am an officer or director of the Appropriation 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 dranged, or on an attachment with an address.

2-11-98 (561) 969-2007