


AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 27, 1999 8:00 am**  
**Secretary of State**

07-27-1999 90029 026 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # P92000011228</b> 1. Corporation Name <b>MISS FUNMI'S DAY CARE CENTER INC.</b>					
Principal Place of Business <b>208 W. FRANCES AVE.</b> <b>TAMPA FL 33602-2008</b> <b>US</b>			Mailing Address <b>208 W. FRANCES AVE.</b> <b>TAMPA FL 33602-2008</b> <b>US</b>		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified <b>01/01/1993</b> 4. FEI Number <b>59-3167427</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>AKINREFON, FUNMILAYO A</b> <b>8302 CANDLEMAKER CT.</b> <b>TAMPA FL 33615-1665</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS TITLE C NAME AKINREFON, MICHAEL O STREET ADDRESS 9302 CANDELMARKER CT. CITY-ST-ZIP TAMPA FL <input type="checkbox"/> DELETE TITLE PD NAME AKINREFON, FUNMILAYO A D STREET ADDRESS 9302 CANDLEMAKER CT. CITY-ST-ZIP TAMPA FL <input type="checkbox"/> DELETE TITLE V NAME AKINREFON, TREMITOPE T STREET ADDRESS 9302 CANDLEMAKER CT. CITY-ST-ZIP TAMPA FL <input type="checkbox"/> DELETE TITLE T NAME AKINREFON, OLUTAYO O STREET ADDRESS 9302 CANDLEMAKER CT. CITY-ST-ZIP TAMPA FL <input type="checkbox"/> DELETE TITLE S NAME AKINREFON, OLUWAYEMISI T STREET ADDRESS 9302 CANDLEMAKER CT. CITY-ST-ZIP TAMPA FL <input type="checkbox"/> DELETE TITLE M NAME AKINREFON, OLUWASEYE A STREET ADDRESS 9302 CANDLEMAKER CT. CITY-ST-ZIP TAMPA FL <input type="checkbox"/> DELETE			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME <b>AKINREFON TREMITOPE T</b> 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE: <b>SIGNATURE REQUIRED</b> <i>[Signature]</i> 08/02/99 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034 (5/99)