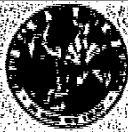


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -7 AM 11:17

DOCUMENT # P93000013840 (2)

1. Corporation Name

HELEN'S KINDERGARTEN & NURSERY, INC.

Principal Place of Business

**900 NW 5TH CT REAR
FT LAUDERDALE FL 33311**

Mailing Address

**900 NW 5TH CT REAR
FT LAUDERDALE FL 33311**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/16/1993

3a. Date of Last Report

01/25/1994

4. FEI Number

59-1147567

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite Apt # etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite Apt # etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**MORRIS, HELEN
900 NW 5TH CT REAR
FT LAUDERDALE FL 33311**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and firm if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	MORRIS, HELEN
STREET ADDRESS	900 NW 5TH COURT
CITY - ST - ZIP	FT LAUDERDALE FL 33311
TITLE	D
NAME	WRIGHT, JOHNNIE
STREET ADDRESS	900 NW 5TH COURT
CITY - ST - ZIP	FT LAUDERDALE FL 33311
TITLE	D
NAME	WRIGHT, WILLIAM M
STREET ADDRESS	3370 NW 22ND STREET
CITY - ST - ZIP	LAUDERDALE LAKES FL
TITLE	D
NAME	WRIGHT, DENNIS
STREET ADDRESS	3370 NW 22ND STREET
CITY - ST - ZIP	LAUDERDALE LAKES FL
TITLE	D
NAME	WRIGHT, DARNIE
STREET ADDRESS	3370 NW 22ND STREET
CITY - ST - ZIP	LAUDERDALE LAKES FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

Helen Morris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr. 3, 95

DATE

305,467,2390

KEYWORD