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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #1. Corporation Name P93000017075 (1)

MARTA'S DAY CARE CORPORATION

FILED Apr 04 1997 8:00am Secretary of State

Principal Place	of Business	Mailing Address						
159 E WILBUR AVE		159 E WILBUR AV			·			
LAKE MARY FL 32746 LAKE MA			32746-3217					
					3. Date Incorporated or Qualified 03/05/1993	i i	e of Last R 6/1996	eport
2. Principal Pt	ace of Business	28. Mailing Addre	ess	······································	4, FEI Number			plied For
21]		26		· 	59-3225483		No	t Applicable
Suite, Apt #	⊭, etc.	Suite, Apt #, #	etc.		5. Certificate of Status Desired		\$8.75 / Fee Re	
City & State		City & State	to Higgs	***************************************	6. Election Campaign Financing		\$5.00	May Be
23		28		·	Trust Fund Contribution		Added 1	
Zipi Col	Country	Zip) -,	untry	B. This corporation has liability for	r intangible to		199.032,
24	25 9. Name and Address of Cu	29 urrent Registered Agent	30	Τ	Florida Statutes 10. Name and Address of New F			
FIG	ANZOURY, MARTA			81 Name				
	B WILLOWOOD ST			82 Street Ad	Idress (P.O. Box Number is Not Accept	able)		
	ANDO FL 32818				Alous (1.0. Dok Hallion is Not Notop)			
				63				
				84 City		FL	85 Zip (Code
44 10	n the provisions of Sections SO	7 0502 and 607 1509 Florid	la Statutes the	hove-named or	orporation submits this statement for the		panoing it	e registered
office or re agent. Lar SIGNATURE	egistered agent, or both, in the son familiar with, and accept the c						.,	
office or re agent. Lar SIGNATURE	Seguin in integration printed name of registion	ed ages I and life if applicable	(NOTE: Register	ed Agent signature rea	quired when reinstating)	DATE	., .,	
office or reagent. Lar SIGNATURE	Seguitive (5) sea or printed name of registrar OF FICE RS		(NOTE: Register	ed Agent signature rea		DATE	., .,	S IN 12
office or reagent. Lar SIGNATURE	Signature: 53-ea or printed name of registration of FICE RS	ed ages Land life if applicable S AND DIRECTORS	(NOTE Register	ed Agent signature rei	quired when reinstating)	DATE	DIRECTOR	S IN 12
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information indicated on this annual report or supplemental annual report is frue and accurate and that my signature shall have the same legal effect as if made under or have a deficient 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 chyriged, or on an attachment with an address.

SIGNATURE: