FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY -1 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000025562 (8)

1. Corporate Name

STEPSTONE CHILD CARE, INC.

Principal Place of Business

4517 N.W. 31ST AVE.
FORT LAUDERDALE FL 33309

Mailing Address

4517 N.W. 31ST AVE.
FORT LAUDERDALE FL 33309

(N NOT ACCEPTABLE)

3. Date Incorporated / Qualified: 04/01/1993

3a. Date of Last Report: 07/07/1994

2. Principal Place of Business

21

22 Suite Apt # or

23 City & State

24 25

2a. Mailing Address: 26 4631 WESTCHESTER DR

Suite Apt # or: 27

City & State: 28 WOODLAND HILLS, CA

29 91364 30

4. FEI Number: 65-0394452 — 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. The corporation has elected to be taxed as an S Corporation under Section 1361 of the Internal Revenue Code and Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CHIRAS, DAVID L
4517 N.W. 31ST AVENUE
FT. LAUDERDALE FL 33309

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 607.0501 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 Sections 607.0505 Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 1995	
TITLE	PTD	TITLE	☐ Change ☐ Addition
NAME	DODSON, BARRY K	NAME	
STREET ADDRESS	4631 WESTCHESTER DRIVE	STREET ADDRESS	
CITY ST ZIP	WOODLAND HILLS CA 91364	CITY ST ZIP	
TITLE	CEO	TITLE	☑ Change ☐ Addition
NAME	WEISSMAN, MICHAEL (REMOVE)	NAME	NONE
STREET ADDRESS	4517 N.W. 31ST AVENUE	STREET ADDRESS	
CITY ST ZIP	FORT LAUDERDALE FL 33309	CITY ST ZIP	
TITLE	SD	TITLE	☑ Change ☐ Addition
NAME	WEISSMAN, RICHARD S (REMOVE)	NAME	NONE
STREET ADDRESS	4517 N.W. 31ST AVENUE	STREET ADDRESS	
CITY ST ZIP	FT. LAUDERDALE FL 33309	CITY ST ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	

14. I hereby certify that the information supplied with this report is accurate, complete and does not qualify for the exemptions stated in Sec. 607.1908, Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report, if any, 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 the report as required by Chapter 607, Florida Statutes; and that my name appears above, or on attached amendments, if any, as an officer or director with any exceptions noted below.

SIGNATURE: Barry K Dodson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

0218808 CP