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

PROFIT CORPORATION ANNUAL REPORT 1998



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000052335 (5)

TOTLAND CHILD CARE CENTER, INC.

FILED May 12 1998 8:00am Secretary of State



District Dis							
Principal Place of Business Mailing Address							
	100 N.E. 61		14100 N.E. 6TH AVE.				
NORTH MIAMI FL 33161 US			North Miami FL 33161 US			DO NOT WRITE IN THIS SPACE	
	•					3. Date Incorporated or Qualified	
						07/27/1993	
2- Principal Place of Business			2a. Mailing Address	2a. Mailing Address		4. FEI Number Applied For	
21			26			65-0464889 Not Applicable	
Ĩ	Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional	
22			27			нее недигеа	
	City & State	e	— <u> </u>	City & State		6- Election Campaign Financing \$5.00 May Be	
23				Zip Country		Trust Fund Contribution Added to Fees	
_	Zip	Country	Zip	٦ .	,	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. X Yes No	
24		25 Shame and Address of C	29 30	<u> </u>		Personal Property Tax due June 30. X Yes No 10. Name and Address of New Registered Agent	
	9. Name and Address of Current Registered Agent					TO THE REAL PROPERTY OF THE PR	
WALKER, LORNA F				61	Name		
		IOO N.E. 6TH AVE.		62	Street Ad	dress (P.O. Box Number is Not Acceptable)	
	Ŋ.	MIAMI FL		63			
				84	City	S5 Zip Code	
11.	Pursuant	to the provisions of Sections 60	07 0502 and 607 1508. Florida Statutes	the abov	e-named co		
	 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. 						
SIG	SIGNATURE Signature, typed or printed name of registered agent and trile if applicable (NOTE: Registered Agent signature required when reinstating) DATE						
12.			RS AND DIRECTORS	13.	ent signature tec	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		0	☐ D€LETE	1.1 TITLE		☐ Change ☐ Addition	
NAME		WALKER, ASIE H		1.2 NAME			
	ET ADDRESS	14100 N.E. 6TH AVE.		1.3 STREE	TADDRESS		
	-ST-ZIP	N. MIAMI FL	i	1.4 CITY-	1		
TITLE		D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAM		WALKER, LORNA F		2.2 NAME			
STRE	ET ADDRESS	14100 N.E. 6TH AVE.		2.3 STREE	T ADDRESS		
-	-ST-Z1P	N. MIAMI FL		2. 4 CITY-	ST-ZIP		
TITLE			☐ DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAM				3.2 NAME	1		
STRE	ET ADDRESS			3.3 STREE	T ADDRESS		
	-ST-ZIP			3.4. CITY-	ST-ZIP		
TITLE			DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAM	ε			4. 2 NAME			
STRE	ET ADDRESS			4.3 STREE	T ADDRESS		
CITY	-ST-ZIP			4.4 CITY-	ST - ZIP		
TITLE	:		☐ DELETE	5.1 TITLE		Change Addition	
NAM	E			5.2 NAME	ľ		
STRE	ET ADDRESS			5.3 STREE	T ADDRESS		
CITY	- ST - ZIP			5.4 CITY-	ST-ZIP		
TITLE	•		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAM	E			6.2 NAME			
STRE	ET ADDRESS			6.3 STREE	T ADDRESS		
CITY	-ST-ZIP			6.4 CITY-			
44			At all the state of the state o	L	- 41 1 - 1 - 1	in Continue 140 07/2)(i) Florida Ctatutos I further partifuthat the information	

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 informatic 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.

H. Wasker

4/29/98

305-892-0079