

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

FILED
Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000065762 (5)
 1. Corporation Name
LOVING CARE LEARNING CENTER, INC.



Principal Place of Business 544 SUNRISE CT LAKE WORTH FL 33860 US	Mailing Address 1807 SHOWER TREE WAY WELLINGTON FL 33414-5839
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3. Date Incorporated or Qualified 09/17/1993	3a. Date of Last Report 06/18/1996
4. FEI Number 65-0437773	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent
**NEHLS, SHEILA
 1807 SHOWER TREE WAY
 WELLINGTON FL 33414**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	1.1 TITLE
NAME	NEHLS, SHEILA	1.2 NAME
STREET ADDRESS	1807 SHOWER TREE WAY	1.3 STREET ADDRESS
CITY-ST-ZIP	WELLINGTON FL 33414	1.4 CITY-ST-ZIP
TITLE	VD	2.1 TITLE
NAME	CARVILLE, MARY	2.2 NAME
STREET ADDRESS	9721 CAROUSEL CIRCLE NORTH	2.3 STREET ADDRESS
CITY-ST-ZIP	BOCA RATON FL 33434	2.4 CITY-ST-ZIP
TITLE	SD	3.1 TITLE
NAME	NEHLS, RICHARD	3.2 NAME
STREET ADDRESS	1807 SHOWER TREE WAY	3.3 STREET ADDRESS
CITY-ST-ZIP	WELLINGTON FL 33414	3.4 CITY-ST-ZIP
TITLE	TD	4.1 TITLE
NAME	CARVILLE, PATRICK	4.2 NAME
STREET ADDRESS	9721 CAROUSEL CIRCLE NORTH	4.3 STREET ADDRESS
CITY-ST-ZIP	BOCA RATON FL 33434	4.4 CITY-ST-ZIP
TITLE		5.1 TITLE
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE		6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

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CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE		6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

14. I do 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 _____

CR2E034 (9/96)