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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000065762

LOVING CARE LEARNING CENTER, INC.

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90128 077 ***150.00 05-03-1999 90128 078 *****8.75



Principal Place	of Business	Mailing Address			1.00.1001 10.1001			
544 SUNRISE C	π	1807 SHOWER TREE						
LAKE WORTH F	FL 33960	WELLINGTON FL 334	14		DO NOT WE	TE IN THIS S	PACE	
US					Date Incorporated or Qualifect		T AOL	
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<u> </u>		La same a same			09/17/1993 4. FEI Number		TIA	polied For
2. Principal Pl	ace of Business	2a. Mailing Address		- 61				'
21			unrise	CT.	65-0437773	-\		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc	i .		5. Certifcate of Status Desired	A		Additional equired
22		27				-		
City & State	e	City & State	1,000	6 Cla	6. Election Campaign Financing	_ `	,	May Be
23		28 Lake	ucy	PIG	Trust Fund Contribution			to Fees
Zip	Country	700 241	~ _ C%	2try PC1	8. This corporation owes the cur			
24	25	29 53460) 30 M	IMEN	Personal Property Tax.		Yes	□No
	9. Name and Address of Current	t Registered Agent			10. Name and Address of New	Registered A	gent	
	O OUT A			81 Name				[
	LS, SHEILA			82 Street Add	dress (P.O. Box Number is Not Accep	table)		
	SHOWER TREE WAY							
WEL	LINGTON FL 33414			83				ļ
				84 City			85 Zip	Code
)				City		FL	55 2.,5	1
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida 5	Statutes, the a	bove-named cor	poration submits this statement for the	purpose of cl	hanging it	s registered
office or re	egistered agent or both in the State o	of Florida. Such change v		d by the corporal	tion's board of directors. I hereby acce	ept the appoint	ment as r	egistered
panet La	m familiar with and accept the obligat	ions of Section 607 050	was autronzet 5. Florida Stat	lutes				
agent. I ar	m familiar with, and accept the obligat	tions of, Section 607.050!	5, Florida Stat	lutes.				l
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14. 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 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, with all other like empowered.

SIGNATURE:

CR2E034 (11/98)