

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000020874 (1)

1. Corporation Name

TINY TREASURES CHILD CARE CENTER AND PRESCHOOL I
NC.

Principal Place of Business

Mailing Address

11 N. MELBOURNE ST.
BEVERLY HILLS FL 34465

11 N. MELBOURNE ST.
BEVERLY HILLS FL 34465



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 25

29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/14/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3220273

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. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

LEVENGOOD, MARYLYNN
32 S. BARBOUR ST.
BEVERLY HILLS FL 34465

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 607.0502 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

Signature typed or printed name of registered agent and title (if applicable)

(If title Registered Agent signature required when filing this)

Date

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME BARNES, LORI LYNN
STREET ADDRESS 2725 W FAIRFAX CT
CITY-STATE-ZIP LECANTO FL

TITLE S ☐ DELETE
NAME LEVENWOOD, MARILYN
STREET ADDRESS 32 S BARBOUR ST
CITY-STATE-ZIP BEVERLY HILLS FL

TITLE S ☐ DELETE
NAME LEVENWOOD, JERRY
STREET ADDRESS 32 S BARBOUR ST
CITY-STATE-ZIP BEVERLY HILLS FL

TITLE VP ☐ DELETE
NAME BARNES, LEONARD N
STREET ADDRESS 2725 W FAIRFAX CT
CITY-STATE-ZIP LECANTO FL

TITLE T ☐ DELETE
NAME MORAN, FREDERICK F
STREET ADDRESS 49 S MELBOURNE ST
CITY-STATE-ZIP BEVERLY HILLS FL

TITLE VP ☐ DELETE
NAME MORAN, MARILYN N
STREET ADDRESS 49 S MELBOURNE ST
CITY-STATE-ZIP BEVERLY HILLS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE SECRETARY CORRESPONDING ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE SECRETARY RECORDING ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE VICE-PRESIDENT - SECOND ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE TREASURER ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE VICE PRESIDENT FIRST ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96

352-527-8440

CR2E034 (12/95)