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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000028138

STREET ADDRESS

SIGNATURE

A B C -A LEARNING PRE-SCHOOL INC.

Principal Place	e of Business	Mailing Address						
		14680 BETHUNE DRIVE	4680 BETHUNE DRIVE					
MIAMI FL 33157		MIAMI FL 33157						
US US		US			DO NOT WRITE IN THIS SPACE*			
					3. Date Incorporated or Qualifed			
					04/11/1994			
Principal Place of Business 2a. Mailing Address				4. FEI Number	Α	pplied For		
21	26				65-0489243		lot Applicable	
	luite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	¥ +	Additional	
27					5. Certificate of Status Desired	Fee F	Required	
	City & State City & State				6. Election Campaign Financing	\$5.00	\$5.00 May Be	
23	28.				Trust Fund Contribution	Added	to Fees	
Zip	Country	Zip Country			8. This corporation owes the current year in	tangible		
24	25	29	30		Personal Property Tax.	☐ Yes	□No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	Agent		
		· And Annual Control	81	Name				
BAN	KS, SANDRA	,	82	Ctroot Ad	dress (P.O. Box Number is Not Acceptable)			
1100	5 SW 154TH TERRACE	1	02	Street Add	dress (P.O. Box Number is Not Acceptable)			
MAIM	M FL 33157		83	-	A STATE OF THE STA		- W	
1					<u> </u>			
			84	City	FL	85 Zip	Code	
		and CO7 1509. Florida Statuta	a the show	nomád so		t changing it	s registered	
11. Pursuant	to the provisions of Sections 607.0502 registered agent, or both, in the State of	Florida. Such change was au	thorized by	the corpora	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appo	intment as r	egistered	
ಳು agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Flori	da Statutes			•		
SIGNATURE								
	Signature, typed or printed name of registered agent a		<u> </u>	t signature requi	ired when reinstating) DATE	UD DIDEOT	000 111 40	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A	Change		
TITLE	1	☐ DELETE	1.1 TITLE		***		☐ Addition	
NAME .	WATSON, YOLANDA	1.2 NAM						
STREET ADDRESS	14680 BETHUNE DRIVE	1.3 STR		ADDRESS				
CITY-ST-ZIP	MIAMI FL 33157							
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		☐ DELETE	1.4 CITY-ST 2.1 TITLE	T-ZIP		Change	☐ Addition	
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		☐ DELETE	2.1 TITLE			Change	Addition	
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6.4 CITY-ST-ZIP

FILED Jan 21, 1999 8:00am **Secretary of State**

01-21-1999 90014 020 ***150.00

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 ampowered 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.