SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)



PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS 97 SEP -4 PH 3:59

| 1 | MENT # P94000 N PRESCHOOL, INC. | 0032726 (9) | | SECRETARY TALLAHASS | | |
|---|---|---|---|--|----------------------------------|--|
| Principal Place of Business Mailing Address | | | | | | |
| 4142 ROWAN RD NEW PORT RICEHY FL 34653 US | | 4142 ROWAN RD NEW PORT RICHEY FL 34653 US | | DO NOT WRITE IN THIS SPACE | | |
| | | | | 3. Date Incorporated or Qualified | 3a. Date of Last Report | |
| | | | <u>ii.</u> | 04/29/1994 | 07/29/1996 | |
| <u> </u> | lace of Business | 2a. Mailing Address | 7. | 4. FEI Number | Applied For | |
| | | Suite, Apt. #, etc. | | 59-3239160 | Not Applicable | |
| 22 | | 27 | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| City & State | | City & State | | 6. Election Campaign Financing | \$5.00 May Be | |
| 23 | | 28 | | Trust Fund Contribution | Added to Fees | |
| Zip | Country | Zip | Country | 8. This corporation owes or has pai | | |
| 24 | 25 | 29 | 30 | Personal Property Tax due June | | |
| Name and Address of Current Registered Agent 10. Name and Add | | | | | gistered Agent | |
| | wer, deborah e | | 81 Name | | | |
| 5131 SUWANNEE DRIVE | | | 82 Street Ad | ddress (P.O. Box Number is Not Acceptable) | | |
| NEW PORT RICHEY FL 34852 | | | | · | | |
| | | | 83 | | · | |
| | | | 84 City | | 85 Zip Code | |
| 44 Purguent to the provisions of Continue 507 0500 and 507 1509 Elevide Statutes, the characteristics | | | | | FL 65 Zip Code | |
| office or r agent. I a SIGNATURE | egistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered age | | authorized by the corpor orida Statutes. | rporation submits this statement for the p ation's board of directors. I hereby accep | of the appointment as registered | |
| 12. | OFFICERS AN | | 13. | ADDITIONS/CHANGES TO OFFIC | | |
| TITLE | P | DELETE | 1.1 TITLE | | Change Addition | |
| NAME | BOWER, DEBORAH | | 1.2 NAME | | | |
| STREET ADDRESS | 5131 SUWANEE DR | | 1.3 STREET ADDRESS | | 34652 | |
| CITY-ST-ZIP | NEW PORT RICHEY FL | | 1.4 CITY-ST-ZIP | | | |
| TITLE | | ☐ DELETE | 2.1 1ITLE | | ☐ Change ☐ Addition | |
| NAME I | | | 2.2 NAME | | | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP TITLE | | DELETE | 2. 4 CITY - ST - ZIP 3.1 TITLE | | Change Addition | |
| I NAME | | - Dettert | 3.2 NAME | | E ouguige E volution | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 3.4. CITY-S1-ZIP | | | |
| TITLE | | DELETE | 4.1 TITLE | | Change Addition | |
| NAME | | | 4 2 NAME | 1000022 | 2862311 | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | -09/05/ | 2862311 9701111011 | |
| CITY-ST-ZIP | | | 4.4 CHY-S1-ZIP | ****16 | 5.00 ****165.00 | |
| TITLE & | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition | |
| NAME · | | | 5.2 NAME | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | • | | |
| CITY-ST-ZIP | | Delete | 5.4 CITY - S1 - ZIP | | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | $\overline{}$ | ☐ Change ☐ Addition | |
| NAME STOCET ADDRESS | | | 6.2 NAME | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | $(N \cup N)$ | | |
| CITY-ST-ZIP | l | | 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 119.0/(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 eath; 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 of an attachment with an address.

My Own Preschool, Inc. 4142 Rowan Road New Port Richey 34653

August 20, 1997

To Whom It May Concern:

This past April, I had a baby and due to the extra medical care necessary during my third trimester, I was unaware of the filing dates. I received the 2nd notice for filing my annual report in july, but I never did receive the first report package.

I was unawrae that the filing date had past until I received the second notice. Please accept the original filing fee of \$165.00 for my corporate report this year.

I apologize for this error. I will be more aware of filing dates in the future.

Thank you for your consideration of this matter. I may be reached at the above address.

Sincerely,

Debbie Bower My Own Preschool, Inc.