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

PROFIT

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

| AA | ORPORATION INUAL REP | Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | | | | 7 | | | | |
|---|------------------------------------|---|------------------------------|---------------------|----------------------------|-------------|--|--|---|---|
| 1. Corpor | UMENT ration Name FUZER'S AT | # P940(DULT DAY CARE. | 000363 INC. | 92 (6 | 5) | | | | | |
| 133. | MOLLII O I IL | OCT DATE OF THE | 11107 | | | | | H HAARIGER WA HANK ANAK ARING BA | (1 20 /17 20/20 (11/ 2 2 /7) | |
| | | · | | | | | | | | |
| Principal Place of Business Mailing Address | | | | | | | | | at antiti nasas satin Alia | 10 11119 16119 1101 (60) |
| 1661 BALTIMORE AVENUE 1661 BALTIMORE AVENUE DELTONA FL 32725 DELTONA FL 32725 | | | | | NUE | | | | | |
| | | | | | | | | 3. Date Incorporated or Qualified 05/11/1994 | 3a. Date of La 03/14 | • |
| 2. Princip | al Place of Busin | ess | <u> </u> | 2a. Mailing Address | | | | 4. FEI Number | | Applied For |
| · · · · · · · · · · · · · · · · · · · | Apt. #, etc. | | 26 Suite A | vol. #, etc. | | | | 59-3243080 | | Not Applicable |
| 22 | 4 0.00 | | 27 | pt. 11, 0t0, | | | | 5. Certificate of Status Desired | 1 1 | .75 Additional ee Required |
| City & State | | | | City & State | | | 6. Election Campaign Financing | | 5.00 May Be | |
| 23 | | | 28 | 28 | | | | 1 rust Fund Contribution | | dded to Fees |
| Zıp | | Country | Zip | | Country | / | | 8. This corporation has liability for | intangible tax und | ers 199.032, |
| 24 | | 25 | 29 | | 30 | | | l | No No | |
| | 9, Name | and Address of Curre | ant Registered Ag | jent | 81 | T No. | | 10. Name and Address of New I | Registered Agent | |
| L/DE | 11 550 04004 | B | | | 61 | Nam | e | | | |
| | KREUZER, BARBARA L | | | | | | et Addre | ss (P.C. Box Number is Not Acceptal | ole) | |
| | 1661 BALTIMORE AVENUE | | | | | | | | | |
| DEL | TONA FL 3272 | 25 | | | 83 | 1 | | | | |
| | | | | | 84 | City | | | 85 | Zip Code |
| 11 Durcu | ant to the provisi | one of Sections 607 060 | 12 and 607 1509 I | Elorido Ctatut | no the chave | <u></u> | ***** | tion submits this statement for the pu | FL ``_ | 1 |
| | | | | | | coration | 's board | tion submits this statement for the put of directors. I hereby accept the app | rpose of changing pointment as regist | its registered office ered agent. I am |
| Ta Tillia | ıı wıtıı, and accep | prine obligations of, Sec | ation 607.0505, Fig | orida Statutes | | | | | | |
| SIGNATUR | RE Signature typed | or printed name of register 1 age | ent and title if applicable. | (NO | TE: Registered Age | nt signatur | e required | when rem: tating | 4-11-96 | |
| 12. | | · · · · · · · · · · · · · · · · · · · | ND DIRECTORS | | 13. | | | ADDITIONS/CHANGES TO OFF | | |
| TITLE | Р | | | DELETE | 1. 1 TITLE | | 1 | | ☐ Cha | |
| NAME | KREUZ | er, david m | | | 1.2 NAME | | | | | |
| STREET ADDR | | altimore ave | | | 1.3 STREE | T ADDRESS | s | | | |
| CITY-ST-ZIP | DELTO | NA FL | | | 1.4 CHY-5 | ST-ZIP | <u> </u> | | | |
| TIFLE | VP | | |) DELETE | 2 1 TITLE | | | | Char | nge 🔲 Addition |
| NAMÉ | | er, barbara | | | 22 NAME | | | | | |
| STREET ADDR | 1 | ALTIMORE AVE | | | 23 STREET | ADDRESS | S | | | |
| CITY-ST-ZIP TITLE | DELTO | NA FL | |] DELETE | 2.4 DITY-S | ST - ZIP | | | | |
| NAME | | | <u> </u> | j Decere | 3. 1 TITLE | | 1 | | ☐ Char | nge 🗀 Addition |
| STREET ADDRI | 100 | | | | 3.2 NAME | T ADDOCC | _ | | | |
| CHTY - ST - ZIP | 133 | | | | 3.3 STREE | | 9 | | | |
| 113LE | | | | DELETE | 3.4 CITY - 5 4. 1 TITLE | SI-ZIP | | | ☐ Char | nge 🔲 Addition |
| NAME | | | _ | • | 4.2 NAME | | | | | go [] House |
| STREET ADDRE | FSS | | | | 4.3 STREET | ADDRESS | 5 | | | |
| City-St-ZiP | | | | | 4.4 CITY - 5 | | | | | |
| TITLE | | | |) DELETÉ | 5. 1 TITLE | | 1 | | ☐ Char | ige 🔲 Addition |
| NAMÉ | | | | | 5.2 NAME | | | | | |
| STREET ADDRE | :SS | | | | 5.3 STREET | ADDRESS | 5 | | | |
| CITY-ST-ZIP | | | | | 54 CITY - 9 | T-ZIP | | | | |
| TITLE | ļ | | |) DELETE | 6 1 TITLE | | | | ☐ Char | ge 🔲 Addition |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the examption 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.

62 NAME

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

SIGNATURE: David M Kunga DAVID M KREUZER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-96 Date

904-189-4197 Daytono Prione #