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 # **P94000058255 (8)**

1. Corporation Name
A FIRST STEP FOR EARLY LEARNING II, INC.

Principal Place of Business
1206 124TH AVE E
TAMPA FL 33602

Mailing Address
1206 124TH AVE E
TAMPA FL 33602

3. Date Incorporated or Qualified: **08/08/1994**
3a. Date of Last Report: **03/22/1995**

2. Principal Place of Business
21 1206 124th Ave E.
Suite, Apt. #, etc.
22
City & State
23 Tampa Fl.
Zip
24 33612
25 County

2a. Mailing Address
26 1206 124th Ave E.
Suite, Apt. #, etc.
27
City & State
28 Tampa, Fl.
Zip
29 33612
30 Country

4. FEI Number: **59-3226722** ☐ 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

9. Name and Address of Current Registered Agent

FERNANDEZ, OSEANNA M
8010 CHANEY LN
TAMPA FL 33617-7605

10. Name and Address of New Registered Agent

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 Section 607.0505, and 607.1938, 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. Said 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: Oseanna Fernandez DATE: 1-23-96

12. OFFICERS AND DIRECTORS

TITLE D
NAME FERNANDEZ, OSEANNA M
STREET ADDRESS 8010 CHANEY LN
CITY-ST-ZIP TAMPA FL 33617-7605
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

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TITLE
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CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE ☐ Change ☐ Addition
2 NAME
3 STREET ADDRESS
4 CITY-ST-ZIP

2 TITLE ☐ Change ☐ Addition
2 NAME
3 STREET ADDRESS
4 CITY-ST-ZIP

3 TITLE ☐ Change ☐ Addition
4 NAME
5 STREET ADDRESS
6 CITY-ST-ZIP

4 TITLE ☐ Change ☐ Addition
4 NAME
4 STREET ADDRESS
4 CITY-ST-ZIP

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***200.00

5 TITLE ☐ Change ☐ Addition
5 NAME
5 STREET ADDRESS
5 CITY-ST-ZIP

6 TITLE ☐ Change ☐ Addition
6 NAME
6 STREET ADDRESS
6 CITY-ST-ZIP

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing complies with the requirements of Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 attached list, with my address.

SIGNATURE: Oseanna Fernandez 1-23-96 (813)971-5189
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone