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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Northam

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000058255 (8)

A FIRST STEP FOR EARLY LEARNING II, INC.

Principal Place of Business	Mailing Addre

1206 124TH AVE E

1206 124TH AVE E

FILED Apr 18 1997 8:00am Secretary of State



Suite, Apt. #, etc. Suite, Apt. #, etc. 27 City & State Country Country Country Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing Trust Fund Contribution Added to Fees Country Suite, Apt. #, etc. Fee Required Fee Required City & State City & State City & State Suite, Apt. #, etc. Fee Required Fee Required Suite, Apt. #, etc. Fee Required City & State Suite, Apt. #, etc. Fee Required City & State City & State Suite, Apt. #, etc. Fee Required Suite, Apt. #, etc. Fee Required Suite, Apt. #, etc. Fee Required City & State Suite, Apt. #, etc. Fee Required Suite, Apt. #, etc. Fee Required City & State Suite, Apt. #, etc. Fee Required Suite, Apt. #, etc. Fee Required City & State Suite, Apt. #, etc. Suite, Apt. #, etc. Fee Required City & State Suite, Apt. #, etc. Fee Required Suite, Apt. #, etc. Fee Required City & State Suite, Apt. #, etc. Fee Required Suite, Apt. #, etc. Fee Required City & State Suite, Apt. #, etc. Fee Required Suite, Apt. #, etc. Fee Required City & State Suite, Apt. #, etc. Fee Required Fee Required Fee Required Fee Required Fee Required Suite, Apt. #, etc. Fee Required Fee	TAMPA FL 33612		TAMPA FL 33612-5448								
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Trust Fund Contribution Added to Page Ad				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			& Election Compaign Eigeneins				
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RETURNALLY, USEANINA M 8010 CHANEY IN TAMPA FL 33817-7605 84 City FL 85 Zip Code 11. Pursuant to the provisions of Socients 607.0502 and 607.1508. Florida Stabutes, the above-named corporation submits this statement for the purpose of changing its registered agont. Lor above in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the expositioned agont. Lor above in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the expositioned as registered agont. Lor above in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the expositioned as registered agont. Lor above in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the expositioned as registered agont. Lor above in the State of Florida. Stabutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. PERNANDEZ, OSEANNA M 12. NAME 13. SIRET ADDRESS 14. CITY-ST-2P 14. Change 15. Addition 16. Change 17. Change 18. Addition 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN		Name and Address of Current	nt Registered Agent		10. Name and Address of New Registered Agent						
TAMPA FL 33817-7605 11. Pursuant to the provisions of Socients 667 0502 and 607 1508. Florida Statutes, the above-named corporation automits this statement for the purpose of hanging list registered agent. and accept the obligations of, Socient 607 0505, Florida Statutes, the above-named corporation submits this statement for the purpose of hanging list registered agent and accept the obligations of, Socient 607 0505, Florida Statutes. SIGNATURE 12.	FERI	NANDEZ, OSEANNA M			81	Name					
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11. Pursuant to the, provisions of Sociens 607.0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing lits registered office or registered agent. Or both, in the State of Forda. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am acreal the obligations of, Sociento 607.0505, florida Statutes. SIGNATURE Signature, foreign period name of registered agent and the 7 agented to the 7 agented to the 7 agented to 10 and 1		•			63						
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12.	SIGNATURE	Sizu atura denet ze umplad name ni montarest ka	cot and title it conficence (NO)	If Registers	ad Aner	t signature requir	ad when reinstation)	DATE			
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