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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 06 1997 8:00am

Secretary of State

561-437-9331

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400065037 (1)

1. Corporatio	ACRES CHILD CARE LEAF	RNING CENTER, INC.					<u>, </u>
Principal Place of Business 3950 S. 57TH AVE. WEST PALM BEACH FL 33463		Mailing Address 3950 S. 57TH AVE. WEST PALM BEACH FL 33463-4709		T INSTINCT HE SOULD STATE SOULD SOULD	100 that thin tool fair the 3.5	15/	
					3. Date Incorporated or Qualified 08/29/1994	3a. Date of Last Report 04/18/1996	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21	4	26			65-0520301	Not Applicat	
Suite, Apt	#, €IC.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	ė	City & State	·		6. Election Campaign Financing	\$5.00 May Be	ᅦ
23		28			Trust Fund Contribution	Added to Fees	
Zip 24	Country 25	Zip		ıntry	This corporation has liability for in Florida Statutes	intangible tax under s. 199.032, Yes No	
<u> </u>	9. Name and Address of Curre	nt Registered Agent	30	I	10. Name and Address of New Re		-
GRE	ENIER, PAUL J			81 Name		<u></u>	\dashv
	0 S. 57TH AVE.			82 Street A	ddress (P.O. Box Number is Not Acceptab	10)	
WES	ST PALM BEACH FL 33463				our out (i.e. box rearings) to not neceptal		_
				83			
				84 City		FL 85 Zip Code	
11. Pursuant office or ragent. La	to the provisions of Sections 607.05 registered agent, or both, in the State on familiar with, and accept the oblic	02 and 607.1508, Florida Statut e of Florida. Such change was gations of, Section 607.0505, Flo	es, the a authorize orida Sta	bove-named c d by the corpo tutes.	corporation submits this statement for the poration's board of directors. I hereby accept		be
SIGNATURE	200						_
12.	Signarine typico or printed name of registerico ag OFFICERS AN	ND DIRECTORS	E: Registere	d Agent signature re	equired when reinstating) ADDITIONS/CHANGES TO OFFIC	PRS AND DIRECTORS IN 12	
TITLE	D	DELETE	1.1 71	TLE	ADDITIONAÇO INITALO TO OTT IO	Change Additi	ion
NAME	GRENIER, PAUL J		1.2 N	AME			
STREET ADDRESS	180 YACHT CLUB WAY 204		1.3 \$	IREET ADDRESS			
CITY - ST - ZIP	HYPOLUXCO FL		1.4 CI	ITY - ST - ZIP			
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CITY+\$1+ZIP				TY+ST-ZIP			
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NAME			62 NJ				
STREET ADDRESS			63 \$1	reet address			

14. I do hereby certify that the information supplied with this filling 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed or on an attack page with an address.