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 # **P94000069984 (0)**

1. Corporation Name

AL'S DAY CARE CENTER, INC.

Principal Place of Business	Mailing Address
8905 SW 126TH TERRACE MIAMI FL 33176	8905 SW 126TH TERRACE MIAMI FL 33176

3. Date Incorporated or Qualified: **09/21/1994**

3a. Date of Last Report: **02/22/1995**

4. FEI Number: **65-0520321** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WILLIAMS, ORA
8905 SW 126TH TERRACE
MIAMI FL 33176

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 Sections 607.1560 and 607.1908, 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. Such 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 _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, ORA		2 NAME	
STREET ADDRESS	8900 SW 126TH TERRACE		3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176		4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, CHARLES		6 NAME	
STREET ADDRESS	8900 SW 126TH TERRACE		7 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176		8 CITY-ST-ZIP	
TITLE	D	☐ DELETE	9 TITLE	☐ Change ☐ Addition
NAME	ADSIDE, DOROTHY		10 NAME	
STREET ADDRESS	8870 SW 127TH TERRACE		11 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176		12 CITY-ST-ZIP	
TITLE		☐ DELETE	13 TITLE	☐ Change ☐ Addition
NAME			14 NAME	
STREET ADDRESS			15 STREET ADDRESS	
CITY-ST-ZIP			16 CITY-ST-ZIP	
TITLE		☐ DELETE	17 TITLE	☐ Change ☐ Addition
NAME			18 NAME	
STREET ADDRESS			19 STREET ADDRESS	
CITY-ST-ZIP			20 CITY-ST-ZIP	
TITLE		☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME			22 NAME	
STREET ADDRESS			23 STREET ADDRESS	
CITY-ST-ZIP			24 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is true and accurate, that the annual report is not subject to 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 12 or Block 13 (if changed), or on an attached amendment, if applicable.

SIGNATURE: Ora Williams 3/28/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

CR2E034 (12/95)