FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 27 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000070318 (8)

1. Corporation Name
KIDS ONLY CHILD LEARNING CENTER, INC.

Principal Place of Business	Mailing Address
5917 N HAVERHILL RD WEST PALM BEACH FL	5917 N HAVERHILL RD WEST PALM BEACH FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/23/1994
3a. Date of Last Report:

4. FEI Number: 65-0528048 — Applied For / Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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. 199.052, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CARMOLLI, DAVID W
5917 N HAVERHILL RD
WEST PALM BEACH FL

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 607.0502 and 607.1508, 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

TITLE	D
NAME	CARMOLI, DAVID W
STREET ADDRESS	640 SNUG CARMOLLI
CITY-ST-ZIP	BOYNTON BEACH FL 33435
TITLE	D
NAME	GILLIES, JUDITH J
STREET ADDRESS	640 SNUG CARMOLLI
CITY-ST-ZIP	BOYNTON BEACH FL 33435
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	☒ Change ☐ Addition
NAME	CARMOLLI, DAVID W	
STREET ADDRESS	1170 SUGAR SANDS BLVD. #409	
CITY-ST-ZIP	SINGER ISLAND, FL 33404	
TITLE	DVPST	☐ Change ☐ Addition
NAME	GILLIES, JUDITH J	
STREET ADDRESS	1170 SUGAR SANDS BLVD. #409	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Judith Gillies Judith Gillies 4/24/95 (407) 656-3900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0435982 FP