

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

95 MAY -1 PM 2:38

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**700001482617
-05/10/95--01062--013
***200.00 ***200.00**

DO NOT WRITE IN THIS SPACE

CORPORATION:
ANNUAL REPORT
1995



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

DOCUMENT # P94000070762 (7)
1. Corporation Name
CAROUSEL PRE-SCHOOL, INC.

Principal Place of Business Mailing Address
**6521 NEBRASKA AVE
NEW PORT RICHEY FL 34652** **6521 NEBRASKA AVE
NEW PORT RICHEY FL 34652**

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

3. Date Incorporated or Qualified 09/23/1994	3a. Date of Last Report N/A
4. FEI Number 59-3297006	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under § 198.002, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**BILIRAKIS LAW GROUP, P.A.
4538 BARTELT RD
HOLIDAY FL 34690**

10. Name and Address of New Registered Agent

B1 Name Kelly Drew
B2 Street Address (P.O. Box Number is Not Acceptable) 6441 Woodland Lane
B3
B4 City New Port Richey FL
B5 Zip Code 34653

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: *Kelly L. Drew* *Kelly L. Drew* **4-28-95**

12. OFFICERS AND DIRECTORS

1. TITLE PST	2. NAME PAMBOUKES, SOTIRIA	3. STREET ADDRESS 6521 NEBRASKA AVE	4. CITY, ST, ZIP NEW PORT RICHEY FL 34652
5. TITLE	6. NAME	7. STREET ADDRESS	8. CITY, ST, ZIP
9. TITLE	10. NAME	11. STREET ADDRESS	12. CITY, ST, ZIP
13. TITLE	14. NAME	15. STREET ADDRESS	16. CITY, ST, ZIP
17. TITLE	18. NAME	19. STREET ADDRESS	20. CITY, ST, ZIP
21. TITLE	22. NAME	23. STREET ADDRESS	24. CITY, ST, ZIP
25. TITLE	26. NAME	27. STREET ADDRESS	28. CITY, ST, ZIP
29. TITLE	30. NAME	31. STREET ADDRESS	32. CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. 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)(a), 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. 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: *Kelly L. Drew* **5/1/95 813-84607499**