

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
99 APR 26 PM 3:25
TALLAHASSEE, FLORIDA

DOCUMENT # P94000087771 (9)

1. Corporation Name
FIRST STEPS LEARNING CENTER, INC.

Principal Place of Business
7240 KIMBERLY BLVD
NORTH LAUDERDALE FL 33066
US

Mailing Address
8112 NW 73RD TERRACE
TAMARAC FL 33321

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 12/02/1994	4. FEI Number 65-0651037	Applied For Not Applicable
5. Certificate of Status Desired	6. Election Campaign Financing Trust Fund Contribution	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees
7. This corporation owes or has paid the current year's Intangible Personal Property Tax due June 30	8. Yes	No

9. Name and Address of Current Registered Agent VARGAS, FREDDIE 8112 NW 73RD TERRACE TAMARAC FL 33321
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10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 City
84 State
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporate officer 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 _____

18. OFFICERS AND DIRECTORS	
TITLE	11. Vice-President
NAME	VARGAS, FREDDIE
STREET ADDRESS	8112 NW 73RD TERRACE
CITY-ST-ZIP	TAMARAC FL 33321
TITLE	12. Vice-President
NAME	VARGAS, Lydia
STREET ADDRESS	8112 NW 73RD TERRACE
CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	12 NAME
13 STREET ADDRESS	14 CITY-ST-ZIP
15 TITLE	16 NAME
17 STREET ADDRESS	18 CITY-ST-ZIP
19 TITLE	20 NAME
21 STREET ADDRESS	22 CITY-ST-ZIP
23 TITLE	24 NAME
25 STREET ADDRESS	26 CITY-ST-ZIP
27 TITLE	28 NAME
29 STREET ADDRESS	30 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 authorized or trusted employee to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report.

SIGNATURE: _____ 5/21/99

CR25034 (7/99)