

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000089354 (2)

1. Corporation Name

WEE CARE ACADEMY, INC.

Principal Place of Business

6701 SW 25TH ST.
MIRAMAR FL 33023

Mailing Address

6701 SW 25TH ST.
MIRAMAR FL 33023-2740



3. Date Incorporated or Qualified

12/09/1994

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

25

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

BROWN, SUSAN
6701 SW 25TH ST.
MIRAMAR FL 33023

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

Susan Brown

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1-17-97

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------|--|
| TITLE | PM | <input type="checkbox"/> DELETE |
| NAME | BROWN, SUSAN | |
| STREET ADDRESS | 6701 S W 25TH ST | |
| CITY-ST-ZIP | MIRAMAR FL | |
| TITLE | VT | <input checked="" type="checkbox"/> DELETE |
| NAME | GOLD, MICHAEL | |
| STREET ADDRESS | 6701 S W 25TH ST | |
| CITY-ST-ZIP | MIRAMAR FL | |
| TITLE | S | <input checked="" type="checkbox"/> DELETE |
| NAME | GOLD, LYNN | |
| STREET ADDRESS | 6701 S W 25TH ST | |
| CITY-ST-ZIP | MIRAMAR FL | |
| TITLE | DC | <input checked="" type="checkbox"/> DELETE |
| NAME | GOLD, AUDREY | |
| STREET ADDRESS | 6701 S W 25TH ST | |
| CITY-ST-ZIP | MIRAMAR FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Vice President |
| 2.3 STREET ADDRESS | Fred A. Brown |
| 2.4 CITY-ST-ZIP | 4211 SW 36 St. Hollywood, FL 33023 |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | Secretary |
| 3.3 STREET ADDRESS | Susan Brown |
| 3.4 CITY-ST-ZIP | 6701 S W 25 St. Miramar, FL 33023 |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing 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:

Susan Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-97
Date

(954) 961-8026
Daytime Phone #

0132372

CR2E034 (9/96)