

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

**FILED**

**Jun 12 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P95000003686 (9)**

1. Corporation Name  
**SKYCREST CHILD DEVELOPMENT CENTER, INC.**



Principal Place of Business  
**2045 DREW ST.  
CLEARWATER FL 34625**

Mailing Address  
**2045 DREW ST.  
CLEARWATER FL 34625-3118**

3. Date Incorporated or Qualified  
**01/13/1995**

3a. Date of Last Report  
**02/20/1996**

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

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

4. FEI Number  
**59-3284829**

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. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**JONES, WARREN D.  
2045 DREW ST.  
SUITE 080  
CLEARWATER FL 34622**

10. Name and Address of New Registered Agent  
81 Name **Jones, Warren D.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**2045 Drew. St.**  
83  
84 City **Clearwater** FL 85 Zip Code **34625**

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 *[Signature]* **May 1 1997**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JONES, THERESA</b>	1.2 NAME	
STREET ADDRESS	<b>2045 DREW ST.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL 34625</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JONES, WARREN D</b>	2.2 NAME	
STREET ADDRESS	<b>2045 DREW ST.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL 34625</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JONES, KEN</b>	3.2 NAME	
STREET ADDRESS	<b>2045 DREW ST.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL 34625</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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]* **May 1 97** 1111-0117

CR2E034 (9/96)