

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

FILED
Apr 08 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 # P95000016839
 1. Corporation Name
Debbie's Day Care Inc.
1024 Whipporwill Drive
Port Orange, Fl. 32127

Principal Place of Business Mailing Address
1024 Whipporwill Drive **1024 Whipporwill Drive**
Port Orange, Fl. 32127 **Port Orange, Fl. 32127**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 2/27/95	3a. Date of Last Report 3/31/96
21. 1024 Whipporwill Dr	26. 1024 Whipporwill Dr	4. FEI Number 59-3300813		Applied For Not Applicable	
22. Port Orange, Fl	27. Port Orange, Fl	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. 32127 USA	28. 32127 USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. 32127	25. USA	29. 32127		30. USA	

9. Name and Address of Current Registered Agent
Debbie Beam
1024 Whipporwill Drive
Port Orange, Fl. 32127

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE P, V, S, T	<input type="checkbox"/> DELETE	13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME Beam, Debbie		13.2 NAME	
12.3 STREET ADDRESS 1024 Whipporwill Drive		13.3 STREET ADDRESS	
12.4 CITY - ST - ZIP Port Orange, Fl. 32127		13.4 CITY - ST - ZIP	
12.5 TITLE	<input type="checkbox"/> DELETE	13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME		13.6 NAME	
12.7 STREET ADDRESS		13.7 STREET ADDRESS	
12.8 CITY - ST - ZIP		13.8 CITY - ST - ZIP	
12.9 TITLE	<input type="checkbox"/> DELETE	13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 NAME		13.10 NAME	
12.11 STREET ADDRESS		13.11 STREET ADDRESS	
12.12 CITY - ST - ZIP		13.12 CITY - ST - ZIP	
12.13 TITLE	<input type="checkbox"/> DELETE	13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 NAME		13.14 NAME	
12.15 STREET ADDRESS		13.15 STREET ADDRESS	
12.16 CITY - ST - ZIP		13.16 CITY - ST - ZIP	

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*****165.00**

14. The fees, together with 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 contained in 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 familiar with and accept the obligations of, Section 607.0505, Florida Statutes, and that my name appears on the back of this filing or on an attachment with an address.

SIGNATURE: Debbie M. Beam **DEBBIE M. BEAM** 4/2/97 (904)756-2363
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)