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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name P95000018554 (2)

SMALL CREATION CHILD CARE & LEARNING CENTER, INC.

FILED Apr 23 1998 8:00am Secretary of State



Principal Place	ncipal Place of Business Mailing Address				a enderent) sen enem dreite antet matte unter unter tibbt tibbt bittet mittel uter falle junt		
SMALL CREATION CHILD CARE & LEARNING CTR 517 JOG RD							
	17 JOG ROAD WEST PALM BEACH FL 33415 EST PALM BEACH FL 33415 S				DO NOT WRITE IN THIS SPACE		
US					3. Date Incorporated or Qualified		
					03/06/1995		
2. Principal P	lace of Business	2a. Mailing Address		··	4. FEI Number	A	pplied For
21 Small Crution Child Cone + 26 San					65-0570202		lot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75	Additional
22 5[7 27					5. Certificate of Status Desired	Fee R	Required
City & State City & State City & State					6. Election Campaign Financing	\$5.00) May Be
23 Zip		22 7 la ·	1 0-		Trust Fund Contribution		to Fees
Zip 24 334	LIST BOA	Zip	Count	ry	8. This corporation owes or has paid the o		— ·
24)	9. Name and Address of Current I	29 Registered Agent	30		Personal Property Tax due June 30. 10. Name and Address of New Registerer		No
DE/	AN, WILLIE M	Togistal or Figure	8	1 Name	10, Italiio and Address of the Registere	2 Afford	
	JOG RD				Same		
	ST PALM BEACH FL 33415		8	2 Street Add	dress (P.O. Box Number is Not Acceptable)		
***	OT JALM BEAUTITE 33413		8	3			
			8	4 City	F	85 Zip	Code
11. Pursuant t	to the provisions of Sections 607.0502	and 607, 1508. Florida Statu	ites, the abo	ve-named cor	rooration submits this statement for the nurnose	of changing i	ite registered
Outce of re	egistered agent, or both, in the State of m familiar with, and accept the obligation	i Florida. Such change was	authorized i	by the corpora	ation's board of directors. I hereby accept the ap	pointment as	registered
· -	m radinal with and accept the obligation		ionda Statut	es.			
SIGNATURE	Signature, typed or printed name of rejestered agent a	ind little if applicabile (NC	TE Registered A	gent signature requ	uired when reinstating) DATE		 -
12,	OFFICERS AND [DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	R\$ IN 12
TITLE	Ď	☐ DELETE	1.1 THILE			Change	Addition
NAME	DEAN, WILLIE M		1.2 NAM	Ε			
STREET ADDRESS	\$17 JOG RD		1.3 STR£	ET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 33415		1.4 CITY	- ST - ZIP			
TITLE		DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME			2.2 NAMI				
STREET ADDRESS			2.3 STRE	ET ADDRESS			
CITY-ST-ZIP			2. 4 CITY				
TITLE		L] DELETE	3.1 TITLE			Change	Addition
NAME			3.2 NAMI				
STREET ADDRESS			3.3 STRE	ET ADDRESS			İ
CITY-ST-ZIP		Delete	3.4. CITY				
TITLE		☐ DELET e	4.1 1ITLE			Change	☐ Addition
NAME			4. 2 NAM				
STREET ADDRESS				et address			
CITY-ST-ZIP		DELETE	4.4 CITY				
TITLE		☐ NETELE	5.1 TITLE			☐ Change	Addition
NAME EXPERT ADDRESS			5.2 NAME				
STREET ADDRESS				1 ADDRESS			
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-			Chara-	Autor
i		☐ offet#	6.1 TITLE			L Change	Addition
NAME OTDEET ADODECC			6.2 NAME	1			
STREET ADORESS				T ADDRESS	.		
CITY-ST-ZIP	ortification the information	41 to 191	64 CITY	ST-ZIP	0 4 40 0 7 40 0		

nereby 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.