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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000018554

SMALL CREATION CHILD CARE & LEARNING CENTER, INC

| Principal Place of Business  | Mailing Address  |  |  | Ì                                      |                           |                           |                              |                            |
|--|--|--|--|--|---------------------------|---------------------------|------------------------------|----------------------------|
| MALL CREATION CHILD CARE & LEARNING CTR  | 517 JOG RD<br>WEST PALM BEACH FL 33415   |  |  |  |                           |                           |                              |                            |
| 7 JOG ROAD   | UND  |  |  | DO NOT WRITE IN THIS SPACE             |                           |                           |                              |                            |
| EST PALM BEACH FL 33415  |  |  |  | 3. Date Incorporated or Qualifed       |                           |                           |                              | İ                          |
| •  |  |  |  | 03/06/1995                             |                           |                           | <del></del>                  | F . 4 F                    |
| Principal Place of Business  | 2a. Mailing Address  |  |  | 4. FEI Number                          |                           |                           | <u> </u>                     | lied For                   |
| Small Creation 26 Sam.   |  |  |  | 65-0570202                             | · ·                       |                           |                              | Applicable                 |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.  |  |  | 5. Certificate of Stat                 | ius Desired "             | <b>X</b>                  | <b>\$8.75</b> A<br>Fee Re    |                            |
| 517 Jug Kal  | City & State   |  |  | 6. Election Campaig                    | gn Financing <sub>I</sub> | <br>_                     | \$5.00                       |                            |
| West Palm Beh 7/A  | 28   |  |  | Trust Fund Contr                       | ribution                  |                           | Added to                     | Fees                       |
| Zip Country  | Zip  | Country  |  | 8. This corporation<br>Personal Proper |                           | t year Intai              | ngible<br>∐Yes               | <b>Æ</b> No                |
| 33415 25   | 29 30  | <u> </u>   |  | 10. Name and Addi                      | ress of New Red           | gistered A                | gent                         |                            |
| 9. Name and Address of Current   | t Registered Agent   | 81   | Name   | 10, Name and Ada                       |                           |                           |                              |                            |
|  |  | (0)  |  |  |                           |                           |                              |                            |
| DEAN, WILLIE M   |  | 82   | Street Add   | Iress (P.O. Box Number                 | is Not Acceptabl          | le)                       |                              |                            |
| 517 JOG RD<br>West Palm Beach FL 33415   |  | 83   |  |  |                           |                           |                              |                            |
| WEST FALM BEACHTE 60416  |  | <u> </u>   |  |  |                           |                           | 85 Zip                       | Code                       |
|  |  | 84   | City   |  |                           | FL                        | []                           | _                          |
| Pursuant to the provisions of Sections 607.050; office or registered agent, or both, in the State of the children of the       | 2 and 607.1508, Florida Statutes   | , the above  | e-named cor  | poration submits this sta              | itement for the pu        | urpose of o<br>the appoin | changing its<br>itment as re | gistered                   |
| office or registered agent, or both, in the State  | tions of Section 607 0505. Florid  | a Statutes   |  |  |                           | 7 - 4                     | -00                          |                            |
| office or registered agent, or both, in the State agent. I am familiar with, and accept the obligation   | 113 61, 685  |  | •  |  |                           | <u> </u>                  | 77                           |                            |
| agent, I am familiar with, and accept the obligation   | Decen_   |  |  | red when reinstating)                  |                           | DATE                      | D DIRECTO                    | DE IN 12                   |
| SIGNATURE Signature, typed or printed name of registered ager  | nt and title if applicable. (NOTE: R   |  |  | red when reinstating)  ADDITIONS/CHA   |                           |                           | D DIRECTO                    | ORS IN 12                  |
| SIGNATURE Signature, typed or printed name of registered ager  OFFICERS AN   | Decen_   | egistered Age  |  | red when reinstating)  ADDITIONS/CHA   |                           |                           | D DIRECTO                    | ORS IN 12                  |
| Signature. Typed or printed name of registered ager  12. OFFICERS AN   | nt and title if applicable. (NOTE: R   | egistered Ager   |  | ADDITIONS/CHA                          |                           |                           | D DIRECTO                    | DRS IN 12                  |
| SIGNATURE  Signature, typed or printed name of registered ager  12.  OFFICERS AN INLE  DEAN, WILLIE M  | nt and title if applicable. (NOTE: R   | 13.<br>1.1 TITLE<br>1.2 NAME   |  | ADDITIONS/CHA                          |                           |                           | D DIRECTO                    | DRS IN 12                  |
| agent. I am tamiliar with, and accept the obligations of the obligation of the control of the co | nt and title if applicable. (NOTE: R  ID DIRECTORS                               | 13.<br>1.1 TITLE<br>1.2 NAME   | nt signature requi   | ADDITIONS/CHA                          |                           |                           | Change                       | [] Add:Bon                 |
| agent. I am tamiliar with, and accept the obligations of the congression of the congressi | nt and title if applicable. (NOTE: R  ID DIRECTORS                               | 13.<br>1.1 TITLE<br>1.2 NAME   | nt signature requi   | ADDITIONS/CHA                          |                           |                           | D DIRECTO                    | LJ Addition                |
| SIGNATURE  Signature. Typed or printed name of registered agent in the control of | nt and title if applicable. (NOTE: R  ID DIRECTORS  DELETE                       | 13.<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREE<br>1.4 CITY-5  | nt signature requi   | ADDITIONS/CHA                          |                           |                           | Change                       | LJ Addition                |
| Signature. The signature of the control of the cont | nt and title if applicable. (NOTE: R  ID DIRECTORS  DELETE                       | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5 2.1 TITLE 2.2 NAME   | nt signature requi   | ADDITIONS/CHA                          |                           |                           | Change                       | ORS IN 12 Addition         |
| SIGNATURE  Signature. typed or printed name of registered ager  IZ.  OFFICERS AN  DEAN, WILLIE M  517 JOG RD  WEST PALM BEACH FL 33415  TITLE  LAME  STREET ADDRESS  STREET ADDRESS  | nt and title if applicable. (NOTE: R  ID DIRECTORS  DELETE                       | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5 2.1 TITLE 2.2 NAME   | nt signature requi   | ADDITIONS/CHA                          |                           |                           | ☐ Change                     | Addition                   |
| agent. I am tamiliar with, and accept the obligations of the control of the contr | nt and title if applicable. (NOTE: R  ID DIRECTORS  DELETE                       | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5 2.1 TITLE 2.2 NAME 2.3 STREE   | nt signature requi   | ADDITIONS/CHA                          |                           |                           | Change                       | Addition                   |
| SIGNATURE  Signature. typed or printed name of registered ager  IZ. OFFICERS AN DEAN, WILLIE M  STREET ADDRESS SITY-ST-ZIP TITLE  AME  STREET ADDRESS SITY-ST-ZIP TITLE  STREET ADDRESS SITY-ST-ZIP TITLE  TI | nt and title if applicable. (NOTE: R ID DIRECTORS  DELETE                        | 13. 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY-5 2.1 TITLE 22 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME  | nt signature requii  | ADDITIONS/CHA                          |                           |                           | ☐ Change                     | Addition                   |
| SIGNATURE  Signature, typed or printed name of registered ager  2. OFFICERS AN TILE DEAN, WILLIE M STANDRESS ITY-ST-ZIP ITILE ITTE STANDRESS ITY-ST-ZIP ITILE ITY-ST-ZIP ITILE ITY-ST-ZIP ITILE ITY-ST-ZIP ITY-ST-Z | nt and title if applicable. (NOTE: R ID DIRECTORS  DELETE                        | 13. 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY-5 22 NAME 22 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 32 NAME 3.3 STREE   | at signature requirement signature signatu | ADDITIONS/CHA                          |                           |                           | ☐ Change                     | Addition                   |
| SIGNATURE  Signature, typed or printed name of registered ager  2. OFFICERS AN DEAN, WILLIE M  517 JOG RD  WEST PALM BEACH FL 33415  TILE  IMME  STREET ADDRESS  CITY-ST-ZIP  TILE  AME  STREET ADDRESS  | nt and title if applicable. (NOTE: R ID DIRECTORS  DELETE  DELETE                | 13. 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY-5 22 NAME 22 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 32 NAME 3.3 STREE 3.4 CITY-   | at signature requirement signature signature requirement signature | red when reinstating)  ADDITIONS/CHA   |                           |                           | ☐ Change                     | Addition                   |
| SIGNATURE  Signature, typed or printed name of registered ager  2. OFFICERS AN DEAN, WILLIE M  517 JOG RD  WEST PALM BEACH FL 33415  TILE  IMME  STREET ADDRESS  CITY-ST-ZIP  TILE   | nt and title if applicable. (NOTE: R ID DIRECTORS  DELETE                        | 13. 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY-5 2.1 TITLE 22 NAME 2.3 STREE 2.4 CITY- 31 TITLE 32 NAME 3.3 STREE 34. CITY- 4.1 TITLE  | T ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP   | red when reinstating)  ADDITIONS/CHA   |                           |                           | ☐ Change                     | Addition                   |
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| AGENTURE  Signature, typed or printed name of registered ager  COFFICERS AND  DEAN, WILLIE M  517 JOG RD  WEST PALM BEACH FL 33415  WILLIE M  STREET ADDRESS  SITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  SITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  VAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  | nt and title if applicable. (NOTE: RID DIRECTORS  DELETE  DELETE  DELETE         | 13. 1.1 TITLE 12 NAME 13 STREE 14 CITY-5 2.1 TITLE 22 NAME 23 STREE 2.4 CITY- 31 TITLE 32 NAME 34. CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME   | T ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP   | red when reinstating)  ADDITIONS/CHA   |                           |                           | ☐ Change ☐ Change ☐ Change   | Addition Addition          |
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Feb 19, 1999 8:00 am Secretary of State

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