

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90045 043 ***150.00

DOCUMENT # P95000019759

1. Corporation Name
YOUNG CREATORS PRESCHOOL, INC.



Principal Place of Business
9168 WILES RD
CORAL SPRINGS FL 33067
US

Mailing Address
9168 WILES RD
CORAL SPRINGS FL 33067
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/09/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

4. FEI Number

65-0650676

Applied For

Not Applicable

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PAUOLA, HARRY R
3260 NW 22ND AVE.
POMPANO BEACH FL 33069

81 Name PAUOLA, HARRY R.

82 Street Address (P.O. Box Number is Not Acceptable)
2100 ALBUQUERQUE AVE Ext.

83 POMPANO BEACH FL.

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 *Christina Padula* D.S.

(NOT: Registered Agent signature required when reinstating)

DATE

2-16-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS SINCE 12

TITLE PD ☐ DELETE
NAME PAUOLA, CHRISTINE
STREET ADDRESS 1811 LYONS RD. APT. 304
CITY-ST-ZIP COCONUT CREEK FL 33063

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME Padula, Christina
1.3 STREET ADDRESS 1216 N.W. 65 Terr.
1.4 CITY-ST-ZIP Parkland, FL 33067

TITLE DS ☐ DELETE
NAME PAUOLA, HARRY R
STREET ADDRESS 3260 NW 23RD AVE.
CITY-ST-ZIP POMPANO BEACH FL 33069

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME PAUOLA, HARRY R.
2.3 STREET ADDRESS 2100 ALBUQUERQUE AVE Ext.
2.4 CITY-ST-ZIP POMPANO BEACH FL.

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: *Christina Padula Pres.*

4/19/99 (954) 345-7708

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0175228