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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Corretory of Cont

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000055920 (9) PROFESSIONAL CHILD CARE, INC.					8 IJN 8 1181 8 1484 8 1444 18110 1747 1 8 811 1 1 1 1 1
	e of Business VE. NORTH L	Mailing Address 856 105 AVE. NORTH NAPLES FL		T FREITIRE IN MOINT BIZH ROTH BOTH BOTH	BBIRI BBIRI BIIBI BIIID JAIRA IIBII BBIA FABI
				3. Date Incorporated or Qualified 07/17/1995	3a. Date of Last Report
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
はごろ Suite, Apt	Bay shore Dr.	26 Your y	sild Care	65-05 99600	Not Applicable
		Suite: Apt. #, etc	systore Dr.	5. Certificate of Status Desired	\$8.75 Additional
Napl Ony & Stat		City & State	243161201.	6. Election Campaign Financing	Fee Required
3391		28 Naples,	FC	Trust Fund Contribution	\$5.00 May Be Added to Fees
ΔIP	[25] Costiler	29 33962	Country 30 Siler	This corporation has liability for inless that the Florida Statutes	□No
	9. Name and Address of Currer	it Registered Agent	81 Name	10. Name and Address of New Re	glatered Agent
LURIE.	TERRY A				
2430 8	SHADOWLAWN DR., STE. 18			ldress (P.O. Box Number is Not Acceptable)
NAPLE	ES FL 33962		63		
			84 City		85 Zip Code
Porstant	to the provisions of Sections 607,0502	and 607.1508. Florida Statute	s the above named con-	poration submits this statement for the purpo	
or register	red agent, or both, in the State of Floridations of Section	da Such change was authorize	ed by the corporation's by	and of directors. I become appear the service	ose of changing its registered offic
familiar w	ith, and accept the obligations of, Sect	ion 607.0505. Florida Statutes.	,	pard of directors. Thereby accept the apport	in herit as registered agent, i am
	th, and accept the obligations of, Sect	ion 607.0505, Florida Statutes.		and of directors. Thereby accept the appoin	innent as registered agent. Fam
	Styration, typical to printed name of regulational appoin	aru trie if apple able (NOT	E. Fingistered Agent signature requ	ared when reinstating)	DATE
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SIGNATURE: John Pure Delotro Jenny Prue Deletro 1-28-96 774-5858