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

PROFIT CORPORATION ANNUAL REPORT

1997



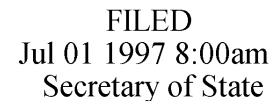
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000058107 (0)

MUNCHKIN DAY CARE & PRESCHOOL, INC.





i				
Principal Plac	e of Business	Mailing Address		3 16 at 100 bit 100 till 100 til 100 till 100 ti
2835 E. HILLVIEW 2835 E. HILLVIEW				
SARASOTA FL	34239	SARASOTA FL 34239		
U\$		US		3. Date Incorporated or Qualified 3a. Date of Last Report
				07/27/1995 06/25/1996
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number Applied For
21 2935	Hillview E.	26 Same		65-0596728 Not Applicable
Suite, Apt.	#, etc.	Suite, Apl. #, etc.		5. Certificate of Status Desired S8.75 Additional
22		27		5. Certificate of Status Desired Fee Required
City & Stat		City & State		6. Election Campaign Financing \$5.00 May Be
23 Sara	50ta	28 FL		Trust Fund Contribution
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032,
24 347			30 USA	Florida Statutes X Yes No
 	9, Name and Address of Curren	t Registered Agent	.81 Nam	10. Name and Address of New Registered Agent
STPHAN, LAURA A				
	5 E. HILLVIEW		82 Street	et Address (P.O. Box Number is Not Acceptable)
SAR	ASOTA FL 34239		83	
			03	
			84 City	FL 85 Zip Code
44 5		0 and CO7 4500 Florido Piot d	the choice name	
agent. I a	am familiar with, an procept the obliga	of Florida. Such change was a ation of, Section 607.0505, Flo	authorized by the co orida Statutes.	ed corporation submits this statement for the purpose of changing its registered orporation's board of directors. I hereby accept the appointment as registered.
SIGNATURE	Signature, typed or profiled name of registered age	ri and title if applicable (NOT	E Begistered Agent signal.	Lire required when reinstating) DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PTSD	☐ DELETE	1,1 TITLE	Change Addition
NAME	STEPHAN, LAURA A		1.2 NAME	
STREET ADDRESS	2917 ROSEWOOD PLACE		1.3 STREET ADDRESS	S
CITY-ST-ZIP	SARASOTA FL 34239		1.4 CITY - ST - ZIP	
TITLE	VPD	DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	OUSELEY, FREDERICK A		2.2 NAMÉ	
STREET ADDRESS	2917 ROSEWOOD PLACE		2.3 STREET ADDRESS	SS
CITY-\$1-ZIP	SARASOTA FL 34239	D DELETE	2. 4 CiTY-ST-ZIP	Change Addition
TITLE		DELETE	3 1 1ITLE	Change Addition
NAME			3.2 NAME	.
STREET ADDRESS			3 3 STREET ADDRESS	S
CITY-ST-ZIP		DELETE	3.4. CFTY - ST - ZIP	Change Addition
TITLE		☐ htruit	4.1 TITLE	Li Griange Lii Addition
NAME			4 2 NAME	
STREET ADDRESS	1		4.3 STREET ADDRESS	55
CITY-ST-ZIP		DELETE	4.4 CITY-ST-7#	Change Addition
TITLE		☐ DETEIF	5.1 TITLE	Change L1 Addition
NAME]		5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	55
CITY-ST-ZIP		T OCIETY.	5.4 CITY-ST-ZIP	Change Addition
TITLE		DELETE	6.1 TITLE	Change LJ Adollion
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	\$\$
CITY-ST-ZIP			6.4 C(TY-S1-ZIP	

14. I do 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 eath; 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.

IONATURE. TO A SIGNATURATION OF THE STATE OF

941-952-7515