## 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

## FILED Mar 11 1997 8:00am Secretary of State

DOCUMENT #	D0E000001401	(0)
1 Corporation Name	P95000061401	

TINY TOONS CHILD CARE, INC.

Principal Place of Business Mailing Address				C CONTINUENT TO THE INTERPRETATION OF THE PROPERTY AND THE CONTINUENT OF THE CONTINU	ABINE BINET KENN BIEN	86161 1161 1661				
2050 W. 56 ST. <b>GENI</b> RT		2	2050 W. 56 ST. COURT							
BAY 21-22	-		BAY 21-22							
HIALEAH FL 33	1016	,	HALEAH FL 33016				3. Date Incorporated or Qualified	3a. Date of La	t Report	
1							08/09/1995	04/04/199	•	
2. Principal Place of Business 2a.			, Mailing Address	Mailing Address			4. FEI Number	1 04/04/100	Applied For	-
<del></del>		26					59-3337216		Not Applicat	
Suite, Apt. #, etc			Suite, Apt. #, etc.			<del></del>	1	S8.7	5 Additional	
}```'\`\		27	27				5. Certificate of Status Desired	1 1 7	Required	
City & State			City & State				6. Election Campaign Financing	\$5.	00 May Be	
├─¬ ´			28				Trust Fund Contribution		ed to Fees	
Zip Country		ry	Zip Country				8. This corporation has liability for intergible tax under s. 199.032,			
24	25	29	]	30	0		Florida Statutes			
	g, Name and Addr	ess of Current Reg	stered Agent		10. Name and Address of New Registered Ag					
PER	EZ, MARTA S				81	Name				
	W. 56 ST: GAMPAT			ŀ	82	Street Addre	Iress (P.O. Box Number is Not Acceptable)			
	21-22									]
	EAH FL 33013				83					$\neg$
ļ , , , , , , , , , , , , , , , , , , ,				}	84	City		85	Zip Code	{
					04	City		FL  °°	Lip Cooe	j
office or re	to the provisions of Sec egistered agent, or bot mitamiliar with, and ac	h, in the State of Flo	rida. Such change was	authorized	l by	the corporation	oration submits this statement for the poon's board of directors. I hereby accep	urpose of changi t the appointmen	ng its registere as registered	ed d
SIGNATURE		•								1
OGNATOR	Stgnatice, typed or profed has			OTE Registered	Age	ni signalure require	d when reinstating)	DATE		
12.		DEFICERS AND DIRI		13.		<del> </del>	ADDITIONS/CHANGES TO OFFIC			
THILE	D	1	∐ DELETE	1.1 TiT				☐ Char	ge L. Addii	nou 1
NAME	PEREZ, MARTA	BOUNT		1.2 NA	ME	İ				
STREET ADDRESS	4325 EAST 8TH ੈ			1.3 ST	REET	ADDRESS				
CHY-ST-ZIP	HIALEAH FL 3301			1.4 CiT		T-ZIP				
TITLE	330,	(3	☐ DELETE	2.1 111				Char	ge 🔲 Addit	non
NAME				2.2 NA	ME					
STREET ADDRESS				2.3 ST	REET	ADDRESS				
City-St-ZiP				2. 4 CI		ST-ZIP				
TITLE			DELETE	3.1 TIT	ŁE			Char	ge L Addii	tion
NAMÉ				3.2 NA	ME		w. F	+ 45		
STREET ADDRESS				3.3 ST	REET	ADDRESS				
CHY-ST-ZIP				3.4. CI		ST-ZIP				
TITLE			DELETE	4.1 TIT				Char	ge [] Addii	HOH.
NAME				4. 2 N/	ME					
STREET ADORESS				4.3 ST	REET	ADDRESS				
CHY-St 20F				4.4 CIT	Y-S	1-ZIP				
TITLE			☐ DELETE	5.1 111	LE			Char	ge [_] Addil	tion
NAME				5.2 NA	ME					
SIPEET ADDRESS				5.3 ST	REET	ADDRESS				l
CHY-SI-ZIP				5.4 CIT		1-ZIP				
TITLE			☐ DELETE	6.1 TIT				Char	ige 🔲 Addii	tion
NAME.			•	6.2 NA	ME					
STREET ADDRESS				6.3 ST	REET	ADDRESS				
CITY-SI-ZIP				6.4 CI					···	
14. I do heret informatio	by certify that the inform Indicated on this ann	nation supplied with lual report or supple	this filing does not qua mental annual report is	alify for the strue and a	exe ICCL	mption stated urate and that	in Section 119.07(3)(i), Florida Statute my signature shall have the same lega	s. I further certify I effect as if made	hat the under oath:	that

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 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.

SIGNATURE:

NATURE AND TYPED OR PHINTED NAME OF SKINING OFFICER OR DIRECTOR

13-7-90 7828-8115