Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90034 024 ***158.75

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEFARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000075084

 Corpor atio 	n Name												
ABC CH	ILD DEVELOPME	ENT CENTE	R, INC.										
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Principal Flace of Business Mailing Address									. I	P117 WB181 B4	tel t abl e ment me	#191 IBI	11 8191 1881
801 WEST SUMMIT P.O. BOX 1953													
BROOKSVILLE	FL 34601	BROOKSVILLE FL 34601				DO NOT WRITE IN THIS SPACE							
								<u>_</u>	Do NOT WH		IIS SPACE		
								3.	09/28/1995	1			l
2 Dringing D	Place of Business		2a Mailing Adv	drane —				1	FEI Number			Apudi	ed For
— ·	race or business	2a. Mailing Address					~.	59-3359795				Applicable	
Suite, Apt.	# etc	Suite, Apt. #, etc.					+	<u> </u>		\$8.7		ditional	
	#, 6to.	27					5.	Certificate of Status Desired			Requ		
City & State			City & State					6	Election Campaign Financing		\$5.0)0 IA	av Re
23			28					"	Trust Fund Contribution			ed to F	
Zip	Cour	try	Zip		Countr	y		8.	This corporation owes the cur	rent vear	ntangible		
24	25		29	-	30			-	Persor al Property Tax.	•	∐Yes	į	(No
	9. Name and Adc	ress of Curren	Registered Agent	t				10.	Name and Address of New	Register	d Agent		
			<u> </u>		8	1	Name						
	nson, Leonard F				8:	2	Street Ac dre	ss /P	P.O. Box Number is Not Accept	lable)			
37837 MERIDIAN AVENUE							Ou ser maio	.s. (.	.o. Dox realised is restricted				
	E 314				3								
DAD	E CITY FL 33525				4	City				. 85 Z	ip Co		
					6.	•	City			F	:L °° *	ip O-X	
11. Pursuant	to the provisions of Se	ctions 607.050	2 and 607.1508, Flo	rida Statute	s, the abo	ve-t	named ccrpo	ration	n submits this statement for the	purpose	of changing	its reg	gistered
office ∉r≇ agent. ⊦a	registered agent, or bo ım familiar with, and ac	h, in the State cept the obliga	ct Florida. Such cha tions of, Section 607	inge was aι 7.0505, Fίοι	ithorized b ida Statute	y tn Is.	ne corporation	n's bo	pard of cirectors. I hereby acce	pt the ap	pointment as	; regis	ieieo
SIGNATURE	,	J.	,	,									Į
3IGNATURE	Signature, typed or printed na	ne of registered ager	it and title if applicable	(NOTI::	Registered Ag	ent s	signature required			DATE			
12.		OFFICERS AN	ID DIRECTORS		13.			/	ADDITIC NS/CHANGES TO O	FICERS			
TITLE	D		IJ	DELETE	1.1 TITLE		Ì				Chang	Эe	Addition
NAME	HUNTER, ALICIA	Н			1.2 NAME								
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TITLE	P		L	1		2.1 TITLE					Chang	је	Addition
NAME	HUNTER, JAMES	Ε			2.2 NAME								}
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TITLE				DELL 1 E	6.2 NAME							, ~	
NAME	l .				J. 2 1 4 4 1 L								

14. I hereby certify that the information supplied with his filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further ce tify 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 uncer 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 life empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRES

CITY-ST-ZIP