

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000080738 (4)

1. Corporation Name

ANGELEE DAY CARE CENTER, INC.



Principal Place of Business

Mailing Address

815 ATLANTIC AVENUE  
OPA-LOCKA FL 33147

815 ATLANTIC AVENUE  
OPA-LOCKA FL 33147

3. Date Incorporated or Qualified  
10/20/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

65-0654467

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 has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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

Signature (typed or printed name of the registered agent, if applicable)

(NOTE: Registered Agent Signature required when reinstating)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PSTD  
WILSON, ANGELA G  
815 ATLANTIC AVENUE  
OPA-LOCKA FL 33147

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP  
 Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP  
 Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP  
 Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP  
 Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP  
 Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP  
 Change  Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Angela G. Wilson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-5-96  
DATE

685-8193  
REGISTERED OFFICE

CR2E034 (3/96)