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FILED
Jan 21, 1999 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

01-21-1999 90008 012 ****158.75

DOCUMENT # P95000087958

1. Corporation Name
SUPER KIDS DAYCARE, INC.



Principal Place of Business: KIDS CLUB, 447 SPANISH RIVER BLVD., BOCA RATON FL 33431 US
Mailing Address: 672 CAMELLIA DRIVE, ROYAL PALM BEACH FL 33411-7656 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/16/1995
4. FEI Number: 65-0647728
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 owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business (21-23) and Mailing Address (24-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: FUCHS AND JONES P.A., FUCHS, JONES & MORRIS, 590 ROYAL PALM BEACH BLVD., ROYAL PALM BEACH FL 33411

10. Name and Address of New Registered Agent (81-85) fields.

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: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

Table 12: OFFICERS AND DIRECTORS. Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes Shelley M. Robinson.

Table 13: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Columns: 1.1-1.4 (Title, Name, Street Address, City-ST-ZIP), 2.1-2.4, 3.1-3.4, 4.1-4.4, 5.1-5.4, 6.1-6.4.

14. I 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, with all other like empowered.

SIGNATURE: Shelley M. Robinson (Typed name)
Date: 1-5-99
Daytime Phone #: (561) 793-4533

CR2E034 (11/98)