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

Mailing Address

CORPORATION ANNUAL REPORT

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1997 DOCUMENT # **P95000095825 (2)**

UNIVERSITY CHILDCARE CONSULTING. INC.

2522 DIPLOMAT DRIVE 2522 DIPLOMAT DRIVE MELBOURNE FL 32901-8802 MELBOURNE FL 32901 3. Date Incorporated or Qualified 3a. Date of Last Report 01/01/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Žφ Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 30 Florida Statutes ☐ Yes 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 **B2 CORAL GABLES FL 33134** 83 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. Lam familiar with, and accept the obligations of Section 607.0505, Florida Statutes. MARGARET P WATSON OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13, DELETE Change THLE 1.1 TITLE PWatson WATSON, MARGARET P NAME 2522 DIPLOMAT DRIVE romalgiot eces 1.3 STREET ADDRESS STREET ADDRESS MELBOURNE FL 32001 Melbourne, FL 32901 1.4 CITY-ST-ZIP CITY-S1-7IP 30116 DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADORESS 2.3 STREET ADDRESS CHY-ST-ZIP 2 4 CiTY-ST-ZIP

6.4 CITY-ST-ZIP C01Y S1-7IP 14. I do hereby certify that the information supplied with this filling 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 13 if changed, or on an attachment with an address appears in Block 12 or Block

3.1 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE 5.2 NAME

61 TITLE

62 NAME

3.3 STREET ADDRESS

43 STREET ADDRESS 4.4 CITY - ST - ZIP

5.3 STREET ADDRESS 5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

3.4. CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

THLE

MILE

NAME STREET ADDRESS

HDE

NAME

STREET ADDRESS

STREET ADORESS

CHY+ST-7P

CITY: \$1-ZIP

STREET ADDRESS

C:TY - ST - ZIE

DELETE

DELETE

DELETE

DELETE

**FILED** 

May 12 1997 8:00am

Secretary of State

0099488

Change

Change

☐ Change

Change

Addition

Addition

Addition

Addition