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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000017164 (0)

WONDER YEARS CHILD CARE, INC.

Mailing Address Principal Place of Business 1904 ISOM LANE NORTHEAST 1904 ISOM LANE NORTHEAST PALM BAY FL 32905-4613 PALM BAY FL 32905 3. Date Incorporated or Qualified 3a. Date of Last Report 02/23/1996 2. Principal Piace of Business 2a. Mailing Address 4. FEI Number Applied For 26 Not Applicable 21 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 23 28 Trust Fund Contribution Added to Fees Country Zipi Country Z_ip 8. This corporation has liability for intangible tax under s. 199.032, Yes No 29 30 Florida Statutes 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name amerilawyer Chartered 343 ALMERIA AVENUE Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 83 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 it am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typeo or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. PTO Change Addition □ DELETE TITLE 1.1 TITLE WANG, CHUNG NAN NAM 1.2 NAME 1904 ISOM LANE NORTHEAST 1.3 STREET ADDRESS STREET ADDRESS PALM BAY FL 32905 14 C/TY-ST-7/P C:TY - S1 - ZIP VSD Addition Change DELETE 2.1 TITLE THEF WANG, CHERYL LYNN 2.2 NAME NAMA 1904 ISOM LANE NORTHEAST 2.3 STREET ADDRESS STREET ADDRESS PALM BAY FL 32905 2. 4 CITY-ST-ZIP CITY - ST DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP DELETE Change Addition THLE 4.1 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET AUDRESS 44 City-St-ZiP CITY: \$1-ZiP DELETE 5.1 TITLE Addition HILE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST-ZIP CHY-ST-ZIP DELETE Addition 6 1 TITL€ THE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY - \$T - ZIP

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

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

SIGNATURE

appears in Block 12 or Block 13 if shanged, or

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

w an attachment with an address

4/21/97 (401) 255-8505

FILED

Apr 29 1997 8:00am

Secretary of State