

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

FILED  
May 22 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000019348 (7)

1. Corporation Name  
PROFESSIONAL PRESCHOOLS, INC.



Principal Place of Business  
1600 SARNO ROAD STE 14  
MELBOURNE FL 32935

Mailing Address  
1600 SARNO ROAD STE 14  
MELBOURNE FL 32935-4990

2. Principal Place of Business  
21 201 FOURTH AVE  
Suite, Apt. #, etc.  
22 INDIALANTIC  
City & State  
23 FLORIDA  
Zip Country  
24 32903 25 USA

2a. Mailing Address  
26 201 FOURTH AVE  
Suite, Apt. #, etc.  
27 INDIALANTIC  
City & State  
28 FLORIDA  
Zip Country  
29 32903 30 USA

3. Date Incorporated or Qualified  
02/29/1996

3a. Date of Last Report

4. FEE NUMBER  
59-3377431 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  
LEBLANC, P K  
1600 SARNO ROAD STE 14  
MELBOURNE FL 32935

10. Name and Address of New Registered Agent  
81 Name DIANE HAINES  
82 Street Address (P.O. Box Number is Not Acceptable) 201 FOURTH AVE  
83 Indialantic  
84 City FL 85 Zip Code 32903

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 *Sandra B. Morham* DATE 4-10-97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CARR, RAYMOND J JR	
STREET ADDRESS	P O BOX 1971 N/A	
CITY-ST-ZIP	COCOA FL 32923	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Diana Haines N/A	
1.3 STREET ADDRESS	PO BOX 1971	
1.4 CITY-ST-ZIP	COCOA FL 32923	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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\*\*\*165.00

*h/5/22/97*

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 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.

SIGNATURE: *Raymond J Carr Jr* 407-452-7029

CR2E034 (9/96)