


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

FILED
Jun 08, 1999 8:00 am
Secretary of State

06-08-1999 90014 014 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # P96000023799 | | | |
| 1. Corporation Name Bury Bees Children's Academy, Inc. | | | |
| Principal Place of Business 9340 N. 56TH STREET #101 TEMPLE TERRACE, FL 33617 | | Mailing Address 40 DEBJANI RAY 6513 JAMESVILLE DR TAMPA FL 33617 | |
| 2. Principal Place of Business 21 9340 N. 56TH STREET #101 TEMPLE TERRACE, FL 33617 | | 2a. Mailing Address 26 40 Debjani Ray 6513 Jamesville Dr Tampa FL 33617 | |
| 22. City & State 23 Hillsborough FL 33617 | | 27. City & State 28 Hillsborough FL 33617 | |
| 24. Country 25 Hillsborough | | 29. Country 30 Hillsborough | |
| 9. Name and Address of Current Registered Agent Debjani Ray 6513 Jamesville Dr. Tampa, FL 33617 | | 10. Name and Address of New Registered Agent 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 registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | |
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE <input type="checkbox"/> DELETE NAME Debjani Ray STREET ADDRESS President/owner FL 33617 CITY-ST-ZIP 6513 Jamesville Dr. Tampa. | | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP | | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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 | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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 | |
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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:

Debjani Ray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/12/99 (813) 914-0808
Date Daytime Phone #

CR2E034 (11/98)