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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000039219 (6)

ABBY DAY CARE CENTRE, INC.

Principal Place of Business

Mailing Address

17143 SW 87 AVENUE

17143 SW 87 AVENUE

FILED May 13 1997 8:00am Secretary of State



MIAMI FL 3315	7	MIAMI FL 33157-4832						
					3. Date Incorporated or Qualified 05/07/1996	3a. Dat	te of Las	t Report
2. Principa' P	ace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	·······		Applied For
21		26			65-0663029			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			5 Additional Required
City & State 23	5	City & State			Election Campaign Financing Trust Fund Contribution			00 May Be od to Fees
Z(p) 24	Country 25	Zip 29	Country 30	•	This corporation has flability for in Florida Statutes	ntangible i Yes		r s. 199.032,
<u> </u>	9, Name and Address of Curre		<u>, </u>	······································	10. Name and Address of New Reg	istered A	gent	
AME	RILAWYER CHARTERED		81	Name				
	ALMERIA AVENUE		82	Stroot Add	ress (P.O. Box Number is Not Acceptabl	a)		
	AL GABLES FL 33134			Olleel Add	ireas (r.o. box (quintos) is (qo) Acceptabl			
			83					
			84	City		و سن	85 Z	ip Code
****	•			,	poration submits this statement for the pu	<u>FL</u>	11	
office or r agent. La SIGNATURE	egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such change was a gations of, Section 607.0505, Flo	uthorized by rida Statute:	the corporal	ition's board of directors. I hereby accept	t the appo	intment	as registered
	Styriative, typical or posited name of registerest a			ent signature requ	ired when reinstating)	DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE			
TILLF	PTD AJILEYE, OMOTAYO B	☐ DELETE	1.1 TITLE			:	∐ Chang	e Addition
NAMe	17917 SOUTHWEST 97TH A	/EMI IE	1.2 NAME					
STREET AUDIESS	MIAMI FL 33157	TOL	1.3 STREET	· · · · · · · · · · · · · · · · · · ·				
CHY-ST-76F	VSD	DELETE	1.4 CITY - 5 2.1 TITLE	SI - ZIP			Chang	ne 🔲 Additio
NAVE	AJILEYE, ISAAC B	C press	2.2 NAME				CIXIIS	le Firm Madition
STREET ADDRESS (17917 SOUTHWEST 97TH A	VENUE	4	ADDRESS				
CITA 21 SE	MIAMI FL 33157	· · · · · · · · · · · · · · · · · · ·	2.3 SINCE	1				
LILE		DELETE	3 1 TITLE	51-21			Chang	e Addition
NAMI			3 2 NAME					
STREET ADDRESS			3.3 STREET	ADDRESS				
CITY - S1 - ZIP			34 CiTY-	ST-ZIP				
THEF		☐ DELETE	4.1 TITLE		The contract of the contract o		☐ Chanç	e Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS	•			
CHTY - 5.1 - 7.6			4.4 CITY+5	ST-ZIP				
THE		DELETE	5.1 TATLE	[.	·		Chang	je 🔲 Additior
NAME			52 NAME	.				
STREET ADDRESS			5 3 STREET	ADDRESS				
CHY-ST-7IP			5.4 CITY-5	ST - ZIP	***************************************			
TITLE		DELETE	61 TITLE				Chang	ge Addition
NAME			62 NAME) .				
STREET AUDRESS				F ADDRESS	•			
City St 77			64 CITY-	ST - ZIP				

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 an 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: