


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

FILED
May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000039219 (6)
 1. Corporation Name
ABBY CHILD CARE CENTRE, INC.



Principal Place of Business 17143 SW 87 AVENUE MIAMI FL 33157	Mailing Address 17143 SW 87 AVENUE MIAMI FL 33157
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 10825 SW 184 ST	26 10825 SW 184 ST.			05/07/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				65-0663029	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>	
MIAMI, FL		MIAMI, FL		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
33157		33157		\$5.00 May Be Added to Fees	
25 Country		30 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
U.S.A.		USA			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	PTD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AJILEYE, OMOTAYO B	1.2 NAME	AJILEYE, OMOTAYO B.
STREET ADDRESS	17917 SOUTHWEST 97TH AVENUE	1.3 STREET ADDRESS	10825 S.W. 184 STREET
CITY-ST-ZIP	MIAMI FL 33157	1.4 CITY-ST-ZIP	MIAMI, FL 33157
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	VSD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AJILEYE, ISAAC B	2.2 NAME	AJILEYE, ISAAC B.
STREET ADDRESS	17917 SOUTHWEST 97TH AVENUE	2.3 STREET ADDRESS	10825 S.W. 184 STREET
CITY-ST-ZIP	MIAMI FL 33157	2.4 CITY-ST-ZIP	MIAMI, FL 33157
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: *(Signature)* (ISAAC B. AJILEYE) VSD **04-26-98 (205)253-3411**

CR2E034 (10/97)