


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

**FILED**  
**May 04 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>17143 SW 87 AVENUE MIAMI FL 33157</b>	Mailing Address <b>17143 SW 87 AVENUE MIAMI FL 33157</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 <b>10825 SW 184 ST</b>	26 <b>10825 SW 184 ST.</b>			<b>05/07/1996</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				<b>65-0663029</b>	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>	
<b>MIAMI, FL</b>		<b>MIAMI, FL</b>		<b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
<b>33157</b>		<b>33157</b>		<b>\$5.00 May Be Added to Fees</b>	
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	
<b>U.S.A.</b>		<b>USA</b>			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>AMERILAWYER CHARTERED</b> <b>343 ALMERIA AVENUE</b> <b>CORAL GABLES FL 33134</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				<b>FL</b>			
				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	<b>PTD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>PTD</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AJILEYE, OMOTAYO B</b>	1.2 NAME	<b>AJILEYE, OMOTAYO B.</b>
STREET ADDRESS	<b>17017 SOUTHWEST 97TH AVENUE</b>	1.3 STREET ADDRESS	<b>10825 S.W. 184 STREET</b>
CITY-ST-ZIP	<b>MIAMI FL 33157</b>	1.4 CITY-ST-ZIP	<b>MIAMI, FL 33157</b>
TITLE	<b>VSD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>VSD</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AJILEYE, ISAAC B</b>	2.2 NAME	<b>AJILEYE, ISAAC B.</b>
STREET ADDRESS	<b>17917 SOUTHWEST 97TH AVENUE</b>	2.3 STREET ADDRESS	<b>10825 S.W. 184 STREET</b>
CITY-ST-ZIP	<b>MIAMI FL 33157</b>	2.4 CITY-ST-ZIP	<b>MIAMI, FL 33157</b>
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: *(Isaac B. Ajileye)* (ISAAC B. AJILEYE) VSD 04-26-98 (205)253-3411

CR2E034 (10/97)