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

PROFIT CORPORATION **ANNUAL REPORT**

1998

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Apr 21 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000042087 (2)

CREATIVE KIDS PLAYSCHOOL, INC.

Principal Place of Business Mailing Address 92 SANDCASTLE OR. 92 SANDCASTLE DR ORMOND BEACH FL 32176 ORMOND BEACH FL 32176 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/10/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3381018 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property 1ax due June 30. Yes No Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 SPAULDING, ROGER A -+55.LONGWOOD DR. Street Address (P.O. Box Number is Not Acceptable) 82 ORAMOND BEACH FL 32176 83 84 City 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 junited name of regulaced agent and trie if applicable (NOTE: Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE ☐ Change Addition 1.1 THU STEELE, RAYMOND J. NAME 1.2 NAME 92 SANDCASTLE DR. STREET ADDRESS 1.3 STREET ADDRESS ORMOND BEACH FL 32176 CITY-ST-ZIP 1.4 CITY - ST - 7/P DELETE Change Addition TITLE 2.1 TITLE STEELE, ILLIANA D NAME 2.2 NAME 92 SANDCASTLE DR STREET ADDRESS 2.3 STREET ADDRESS **ORMOND BEACH FL 32176** CITY - ST - ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TiTLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - \$1 - ZIP DELETE Change 4.1 TITLE Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP DILETE Change TITLE 6.1 TITLE Addition NAME 6.2 NAMÉ

14. Thereby 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 armual report or supplicmental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 d, or on an allachment with an address. RRYMOND

6.3 STREET ADDRESS

6.4 CITY - \$1 - ZIP