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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

**DOCUMENT #**1. Corporation Name P96000043374 (3)

LITTLE ANGELS CHILD CARE INC., OF CAPE CORAL

Principal Place of Business 2132 SE 15TH ST CAPE CORAL FL 33990	Mailing Address 2132 SE 15TH ST CAPE CORAL FL 33990	

## **FILED** Apr 13 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/14/1996 FEI Number Applied For 57-1047809 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 П 23 Trust Fund Contribution Added to Fees 28 Zip Country Country Ζip This corporation owes or has paid the current year Intargible Personal Property Tax due June 30. ☐ Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name GARDNER, SANDRA 2132 SE 15TH ST 82 Street Address (P.O. Box Number is Not Acceptable) CAPE CORAL FL 33990 83 84 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. Gardner Gresident OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE ■ DELETE Change Addition GARDNER, SANDRA L NAME 1.2 NAME 2132 SE 15TH ST STREET ADDRESS 1.3 STREET ADDRESS CAPE CORAL FL 33990 CITY-ST-ZIP 1.4 CitY-ST-7IP DELETE Change Addition TITLE 2.1 TITLE STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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:

一 の 日本の 日本の

Barbier

4/6/98/94/574-6201