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May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000046046 (4)

1. Corporation Name

ALPHA CHILD DEVELOPMENT CENTER, INC.

Principal Place of Business

14155 MEMORIAL HIGHWAY
NORTH MIAMI FL 33161

Mailing Address

14155 MEMORIAL HIGHWAY
NORTH MIAMI FL 33161-2817



3. Date Incorporated or Qualified

05/30/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

65-0669505

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

SHAPIRO, IRA R
13899 BISCAYNE BLVD.
SUITE 400
MIAMI FL 33181

10. Name and Address of New Registered Agent

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	KING, RACHEL D	
STREET ADDRESS	17211 N.W. 9TH PLACE	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	D	DELETE
NAME	KING, DONALD S	
STREET ADDRESS	17211 N.W. 9TH PLACE	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	D	DELETE
NAME	KING, KAREN N	
STREET ADDRESS	2712 W. TARPON DRIVE	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	D	DELETE
NAME	KING, DESMOND L	
STREET ADDRESS	17211 N.W. 9TH PLACE	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	D	DELETE
NAME	HENRY, RUPERT G	
STREET ADDRESS	871 N.E. 83RD STREET	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 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: DONALD S. KING
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-97(305)621-5540
Date Daytime Phone #

CP2E034 (9/96)