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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P9600069037 (5)

THREE T'S DAYCARE, INC.

Principal Place of Business 6105 NW 45TH TERRACE Mailing Address

FILED May 02 1997 8:00am Secretary of State



	i Terrace Eek Fl 33073	6105 NW 45TH TERRACE COCONUT CREEK FL 33073-1854						
						3. Date Incorporated or Qualified 08/19/1996	3a. Date of Last R	teport
2. Principal P	lace of Bysiness ON. STATERI.	2a. Mailing Ac	idress			4. FEI Number 65-068	/ 7/~ \\/ t	oplied For of Applicable
Suite, Apt		Suite, Apt.	#, etc.			5. Certificate of Status Desired	\$8.75	Additional equired
City & State	I par . Ci	City & Sta	te			6. Election Campaign Financing	\$5.00	May Be
23 (OC-0) 710	NUTCKEEK, FL	28 Zip		Countr		Trust Fund Contribution 8. This corporation has liability for it	Added	
24] 330	73 25 Brown	d 29		30	·	Florida Statutes	Yes No	. 199.032,
	9. Name and Address of Curr	ent Registered Ager	it .	81	Laises	10. Name and Address of New Re	gistered Agent	
	TERMORE, CHRISTOPHER L				Name			
	5 W. Sample Road, Suite 20 Ral Springs fl 33085)1		82	Street Ad	ldress (P.O. Box Number is Not Acceptab	ole)	
•				83				
		•		84	City		FL 85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508. Fir	orida Statute	es, the abov	e-named co	orporation submits this statement for the p	urpose of changing it	s registered
office of r	egistered agent, or both, in the Sta m familiar with, and accept the obt	te of Florida. Such ch	iange was a	authorized b	v the corpor	ration's board of directors. I hereby accep	ot the appointment as	registered
SIGNATURE								
12.	Signature, typed or ponted name of registered a OFFICERS A	igent and title if applicable ND DIRECTORS	(NOTE	E: Registered Ag	ent signature rec	quired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	OC 181 40
THE	PD	I I	DELETE	1.1 TITLE	·····I	8	Change	Addition
NAME	TUCKER, LORI JEANNE			1.2 NAME	<u> </u>	TUCKER LORI JEANNE 6105 NW 45 TERK	<i>T</i> (,	
STPEET ADDRESS	6375 N.W. 77TH PLACE			1.3 STREET	ADDRESS	6105 NW 45 TEN		
1	DADVIAND DI 00070					To	ククハウウ 10	54
CITY · S* · ZIP	PARKLAND FL 33076		·	1.4 CITY-5	51-ZIP	LOCONUT UKAEK, FL -	33073-19	<u>ح</u> ر د
City+S*-7iP Trile	PARKLAND PL 330/6		DELETE	2.1 TITLE	51-2IP	COCONUT CREEK, FL.	□ Change	Addition
	PARILAND PL 330/6		DELETE		51-2IP	COCONUT CREEK, FL.	□ Change	Addition
THLE NAME	PARKLAND PL 330/6		DELETE	2.1 TITLE 2.2 NAME	ADDRESS	COCONUT CREEK, FL.	□ Change	Addition
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TOTLE NAME STHEET ADDRESS CHY-ST-749 TITLE NAME STREET ADDRESS CHY-ST-249 TITLE	PARILLAND PL 330/6		DELETE	2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREET 3.4. CITY- 4.1 TITLE 4.2 NAME 4.3 STREET 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-5	ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ADDRESS	COCONUT ORBER, FL	☐ Change ☐ Change ☐ Change	Addition
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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; the Lam 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:

GNATURE AND TYPED OF PRINTED NAME OF SKINING OFFICER OR DIRECTOR

4/19/97 (954) 421-6800