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 # P96000082450 (3)

LITTLE BLESSINGS PRESCHOOL, INC.

FILED Mar 23 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 1204 NORTH HARBOR CITY BLVD. 1204 NORTH HARBOR CITY BLVD. MELBOURNE FL 32935 MELBOURNE FL 32835 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u> 10/07/1996</u> 2, Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 59-3411167 Suite, Apt. #, ctc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Ζφ Country 8. This corporation owes or has paid the current year Intangible Yes Yes 24 25 29 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KOSTRO, VICTOR S ESQ. 1825 S. RIVERVIEW DRIVE Street Address (P.O. Box Number is Not Acceptable) **MELBOURNE FL 32901** В3 84 City 85 Zip Code FI 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) 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition 1.1 TITLE TITLE ROSBOROUGH, JANICE O 12 NAME NAME 611 RIO PINO NORTH 1.3 STREET ADDRESS STREET ADDRESS INDIALANTIC FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2 1 TITLE Change Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE 3 1 TITLE ☐ Addition TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY - ST - ZIP CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST- ZIP CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 53 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST-ZIP City-St-ZIP Addition DELETE Change TITLE 6.1 TITLE 6.2 NAME NAME 6 3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP

14. Thereby certify that the information supplied with the 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 suppliencental 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:

3/17/93 (407) 752-554-