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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9600098209

1. Corporation Name

HAPPY APPLE PRE-SCHOOL, INC.

Principal Place of Business 2975 OVERSEAS HIGHWAY

2. Principal Place of Business

Suite, Apt. #, etc.

MARATHON FL 33050

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

2975 OVERSEAS HIGHWAY MARATHON FL 33050

## Jun 09, 1999 8:00 am Secretary of State

06-09-1999 90004 047 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Not Applicable

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

12/02/1996 4. FEI Number

65-0719935

22		27									1 00 1	reduited
City & State			City & State					6. Election Campaign Financing				May Be
23		28						Trust Fund Contribution			Added	to Fees
Zip	Country	<u></u>	Zip	Co	untry			8. This corporation owes the	ne currei	nt year In		_
24	25	29		30				Personal Property Tax.			☐ Yes	□No
	9. Name and Address of Current I	Regis	stered Agent		ļ.,		1	10. Name and Address of	New Re	gistered	Agent	
					81	Name						
MILLER, ROBERT K ESQ. 2975 OVERSEAS HIGHWAY					82	Street Address (P.O. Box Number is Not Acceptable)						
					*-							
MAR	ATHON FL 33050				83					-		
											[a= ] 7:=	0-4-
					84	City				Fl	85 Zip	Code
11 Dureuant	to the provisions of Sections 607.0502	and 6	S07 1508 Florida Statut	es the	above	e-named c	corporal	tion submits this statement	for the p			s registered
office or re	egistered agent, or both, in the State of	Florid	da. Such change was a	iuthorize	ed by	the corpor	ration's	board of directors. I hereby	accept	the appo	intment as r	egistered
agent. I a	m familiar with, and accept the obligatio	ns of	, Section 607.0505, Flo	rida Sta	itutes.							
SIGNATURE	<u></u>		0.075							DATE		
12.	Signature, typed or printed name of registered agent a OFFICERS AND			13		t signature rec	squirea win	en reinstating) ADDITIONS/CHANGES	TO OFF		ND DIRECT	ORS IN 12
	- <u>-</u>	DELETE		TITLE	1-	D	ABBITIONSIGNATION	017		Change		
TITLE	_							10:00	<b>.</b>		<b>ند</b> و	_
NAME	CHAPLIN, LAURA K					!	CRV	4PUN, LAUR W. 75TH ST	<del> </del>  <	•		
STREET ADDRESS	24 KYLE WAY WEST					ADDRESS	441	W. 1214 2	<u>.</u> .	> = 1	~	
CITY-ST-ZIP	MARATHON FL 33050		<b>C4</b>	_	CITY-ST			RATHON, F				Addition
TITLE	D		☐ DELETE	2.1	TITLE	<u> </u>	O Alla	PUNSTEPH WEST 75TH	<u>- ~ ~ </u>	ъ	Change	Addition
NAME	CHAPLIN, STEPHEN B			2.2	NAME	۲	תיק_	WOOL STATE		18 E	τ	
STREET ADDRESS	24 KYLE WAY WEST			2.3	STREET	ADDRESS -	191	MEZI 12.4	31		•	
CITY-ST-ZIP	MARATHON FL 33050			2. 4	CITY-S	T-ZIP	MAI	RATHON, FL.	<u> 37</u>	<u> 620</u>		
TITLE			☐ DELETE	3.1	TITLE			•			☐ Change	☐ Addition
NAME				3.2	NAME							ļ
STREET ADDRESS				3.3	STREET	ADDRESS						
CITY-ST-ZIP				34.	CITY-S	T-ZIP						
TITLE			☐ DELETE	4.1	TITLE						Change	Addition
NAME				4. 2	NAME							
STREET ADORESS				4.3	STREET	ADDRESS						ĺ
CITY-ST-ZIP				4.4	CITY-S1	Γ-ZIP						ļ
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STREET ADDRESS				5.3	STREET	ADDRESS						ļ
				5.4	CITY-S1	r-zip						Ì
CITY-ST-ZIP TITLE			DELETE	_	TITLE						☐ Change	Addition
			<del>-</del>	6.2	NAME							
NAME						ADDRESS						
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CITY-ST-ZIP	46. 44. 4 1. T. F	Albio 4	Clina dans not suclif. f-				in Con	tion 110 07/3/(i) Florida Sta	tutoe I t	further of	artify that the	information
14. I hereby o	certify that the information supplied with	เกเรา	ning does not qualify to	r the ex	empti	on stated	in Seci	uon 119.07(3)(1), FIOSIDA STA nall have the same legal offa	ict as if i	made und	der oath: tha	t l 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, with all other like empowered.

CHAPUN PUBS 5/22/98 (305) 743 9020