## FILE NOW: FILING FEE AFTER MAY 1 IS \$55

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMEN DE STATE

Sandra B. Mor

Secretary of Signations
DIVISION OF CORPORATIONS

## DOCUMENT # P96000100718 (1)

KIDS KORNER DAY CARE CENTER, INC.

## FILED Apr 24 1997 8:00am Secretary of State



Principal Place of Business Mailing Address 25 EAST 65TH STREET 25 EAST 65TH STREET JACKSONVILLE FL 32208 JACKSONVILLE FL 32208-42				3. Date Incorporated or Qualified	a. Date of Last Report
				12/13/1996	NA
L	Place of Business EAST 65th Street	28. Mailing Address 26 35 East 65	the street	4. FEI Number 59-32/9289	Applied For Not Applicable
Suite, Apt		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	KSDNVZ//E, Fl.	City & State  28 JACKSONUZ/1	:, Pl:	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 326		Zip 29 32268 3	Country Duval	8. This corporation has liability for inta Florida Statutes	s 🗆 No
FQA	<ol> <li>Name and Address of Current AZIER, DENISE L</li> </ol>	Hegistered Agent	81 Name	10. Name and Address of New Regist	ated WBeUt
	120 ROCHFORD LANE			(0.0 0.1)	
	CKSONVILLE FL 32225		B2 Street Ad	dress (P.O: Box Number is Not Acceptable)	
			83		· · · · · · · · · · · · · · · · · · ·
	•		84 City		85 Zip Code
				rporation submits this statement for the purp	
SIGNATURE	Stgrature: Typed or perited name of registered ager OFFICERS AND	DIRECTORS	Registered Agent signature req	ADDITIONS/CHANGES TO OFFICER	
1.TLE	PRESIDENT SERVICE	☐ DELETE	1.1 TITLE 1.2 NAME	rusidum Venisu L. Fracium	Change Addition
NAME STREET ADORESS		•	1.3 STREET ADDRESS	2420 Rochford Lane	
CHY-ST-ZIP	100 100 mg 12 1 1 6 2 3		1.4 CITY-ST-ZIP	SALLSONUTILE, FI 32285	
THILE	1 2 t 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	☐ DELETE		ICU PRESIDENT	☐ Change ☐ Addition
NAME	Mr. 12 1/2 Jorkhon 18 18 18 Marine		2.2 NAME	Archelle 4. DARKER	
STREET ADDRESS			2.3 STREET ADDRESS 3	465 Phallap Haway #8	30
CITY - ST - ZIP	Not Comme. 11. 1 1. 2003	DELETE		Misonurile, Fl. 32807	Characa (C. Labitica
TITLE	LECTRIFIED			howfell . Cuf	Change Addition
name Street address	Chamiell Ent		3.3 STREET ADDRESS	147 ERIENE DRIVE	
CITY-ST-ZIP	BINISCHUZIL, FL.	17279		FACKSONVELLE, FT. 32809	
TITLE	186 100,66	DELETE	4.1 TITLE	PUT ASURIT	Change Addition
NAME	Similar Signing	_	4. 2 NAME	HEILE FRAZIER	
STREET ADDRESS			4.3 STREET ADDRESS	SALKONUELL, Fl. 32208	4
CITY-ST-Z#	10x 100 14: 12, 11 130	DELETE DELETE	4.4 CiTY - ST - ZIP 5.1 TITLE	SPLEONVEILE, M. 30508	Change Addition
TITLE NAME		T ACCUSE	5.2 NAME		Pri prieride (Ti unfollibi)
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
THILE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS	i		6.3 STREET ADDRESS		
CHY-ST-ZIP	1	all All Control of the All Contr	6.4 CifY-ST-ZiP	ad in Costion 110 07/2\/() Elected Statutes 1	( A)

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

DENTE AND TYPE OF PHINGS NAME OF SIGNING OFFICER ON DIRECTOR

1 (5) 15/97 (9W) 766 5619
Daylore France & 0000022