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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P97000023383

May 06, 1999 8:00 am Secretary of State

05-06-1999 90133 036 ***158.75

ROMANS	S DAYCARE, INC.					
Principal Plac	e of Business	Mailing Address			\$\$ 0\$ 10	88 { 6 6 6
14140 NW 23RD COURT POST OFFICE BOX 960804						
OPA-LOCKA FL	. 33054	MIAMI FL 33296 US		DO NOT WR	ITE IN THIS SPAC	E
		•		3. Date incorporated or Qualifed		
				03/14/1997		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number		Applied For
21		26		65-0515871		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	XI	.75 Additional ee Required
City & Stat	e	City & State	-	6. Election Campaign Financing	\$!	5.00 May Be
23		28		Trust Fund Contribution	A	dded to Fees
Zip	Country	Zip	Country	8. This corporation owes the curr	· -	
24	9. Name and Address of Currer	29 3	<u> </u>	Personal Property Tax. 10. Name and Address of New I	Pagistered Agent	
	9, Maine and Address of Curren	it Registered Agent	81 Name		Registered Agent	
	EBAY, LAYNE-			ATRICK ADELEKE		•
190 NE 199TH STREET			14	dress (P.O. Box Number is Not Accept 140 NW 23rd Court	abie)	
SUITE 204			83			
NUH	ITH MIAMIFE 33179		84 City		85	Zin Code
			0pa	a~Locka,		7ip Code 33054
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	the above-named co	orporation submits this statement for the	purpose of chang	ing its registered
agent. I a	m familia with, and accept the	tions of, Section 607.0505, Florid	la Statutes.	ation's board of directors. I hereby acce	_ //	12 2/00
SIGNATURE	N CTT			TRICK ADELEK		30/79
12.	Signature, typed or printed name of registered age	Trand title if applicable. (NOTE: RE	tegistered Agent signature request. 13.	ADDITIONS/CHANGES TO OF	DATE FICERS AND DIR	ECTORS IN 12
TITLE	PTD	☐ DELETE	1.1 TITLE	ABBITION OF BINGES AS OF		hange
NAME	ADELEKE, PATRICK		1.2 NAME			
STREET ADDRESS	14140 NW 23RD COURT		1.3 STREET ADDRESS			
CITY-ST-ZIP	OPA-LOCKA FL 33054		1.4 CITY-ST-ZIP			
TITLE (VS	□ DELETE	2.1 TITLE		□ C	hange
NAME	ADELEKE, MARY	•	2.2 NAME			
STREET ADDRESS	14140 NW 23RD COURT		2.3 STREET ADDRESS			
CITY-ST-ZIP	OPA-LOCKA FL 33054	□ 05: FTE	2.4 CITY-ST-ZIP			Addision
TITLE		☐ DELETE	3.1 TITLE		□ CI	hange
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	-	☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Cr	hange
NAME		_ beech	4. 2 NAME			g
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			1
TITLE		☐ DELETE	5.1 TITLE			hange
NAME			5.2 NAME			}
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP		···	5.4 CITY-ST-ZIP			
TITLE		☐ OELETE	6.1 TITLE		□ CH	nange 🗀 Addition
NAME	• '		6.2 NAME			
STREET ADDRESS	·		6.3 STREET ADDRESS			
CITY-ST-ZIP	•		6.4 CITY+ST+ZIP			

14. I 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 an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATRICK ADELEKE