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

P97000036605 (8) DOCUMENT #

GUARDIAN CHILD CARE CENTERS INC.

FILED Apr 14 1998 8:00am Secretary of State



2333 EAST 8					I		
2333 EAST BEMORAN BLVD. APOPKA FL 32703		2333 EAST SEMORAN APOPKA FL 32703	2333 EAST SEMORAN BLVD. APOPKA FL 32703				
					DO NOT WRITE IN THIS SE	PACE	
					3. Date Incorporated or Qualified		
					04/22/1997		
2. Principal Pi	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	I AE	oplied For
1		26			59-3439797	<u>, ic</u>	ot Applicable
_ Suite, Apt.	#, etc.	Suite, Apt. #, etc.			6. Certificate of Status Desired		Additional
2		27			J. Command of Oldron Doding	Fee Re	equired
City & State	e	City & State			6. Election Campaign Financing	\$5.00	May Be
3		28	· ·		Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Cour	ntry	8. This corporation owes or has paid the curre		
4]	25	29	30				No
	9. Name and Address of Cu	irrent Registered Agent		81 Name	10. Name and Address of New Registered A	gent	
	EY, MARK			81 Name			
	2 POLO LANE		ŀ	82 Street /	Address (P.O. Box Number is Not Acceptable)		
SA	NFORD FL 32771		L				
				83			
			ł	84 City		85 Zip	Code
			{		FL	63 210	Dode
11. Pursuant t	to the provisions of Sections 607	0502 and 607.1508, Florida State	utes, the ab	ove-named	corporation submits this statement for the purpose of c	changing it	is registered
Office or re	egistered agent or both in the s	State of Jarida. Such change was	authorized Jorida Stati	l by the corp	corporation submits this statement for the purpose of coordion's board of directors. I hereby accept the appo	intment as	registered
	111111111111111111111111111111111111111			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2//	\mathcal{N}	
SIGNATURE	Signatury yard or printed some program	ort and title if applicable (NC	OTE, Registered	Agent signature	required when reinstating) DAIE	1 10	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTOR	IS IN 12
TITLE	6	DELETE	1.1 TIT	LE		Change	Addition
NAME :	RILEY, JOAN I		1.2 NA	ME			
STREET ADDRESS	122 POLO LANE			REET ADDRESS			
CITY-ST-ZIP				ICE I PADOMEGO			
∠III 1-31-2F I	XANEURIJE 32777			V CT 710			
	SANFORD FL 32771	I DELETE	1.4 CIT	Y-ST-ZIP		Change	Addition
TITLE	SANFURD FL 32//1	DELETE	1.4 CIT 2.1 TIT	LE	T.	Change	Addition
TITLE NAME	SANFUND FL 32//1	DELETE	1.4 CH 2.1 TH 2.2 NA	LĒ MĒ	T.	Change	Addition
TITLE NAME STREET ADDRESS	SAMPUND FL 32//1	DELETE	1.4 CIT 2.1 TITI 2.2 NA 2.3 STI	LE Me Reet address		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SANFURU FL 32771		1.4 Cit 2.1 Tivi 2.2 NA 2.3 Stf 2.4 Ci	LE Me Reet address Ty-St-Zip			
TITLE NAME STREET ADDRESS CFTY-ST-ZIP TITLE	SANFURU FL 32771	DELETE	1.4 CH 2.1 TH 2.2 NA 2.3 STF 2.4 CH 3.1 TH	LE Me Reet address TY-ST-ZIP LE		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	SANFURU FL 32771		1.4 CH 2.1 TH 2.2 NA 2.3 SH 2.4 CH 3.1 TH 3.2 NA	LE ME REET ADDRESS IY-ST-ZIP LE ME			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	SANFURU FL 32//1		1.4 CH 2.1 TH 2.2 NA 2.3 SH 2.4 CH 3.1 TH 3.2 NA	LE Me Reet address TY-ST-ZIP LE			
ITTLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE NAME STREET ADDRESS CITY-ST-ZIP	SANFURU FL 32//1	DELETE	1.4 CHT 2.1 THT 2.2 NAI 2.3 STA 2.4 CH 3.1 THT 3.2 NAI 3.3 STA 3.4 CH	LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP		Change	☐ Addition
ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE	SANFURU FL 32//1		1.4 CH 2.1 TH 2.2 NA 2.3 SH 2.4 CI 3.1 TH 3.2 NAI 3.3 SH 3.4 CII 4.1 TH	LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE			☐ Addition
ITTLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE	SANFURU FL 32//1	DELETE	1.4 CHT 2.1 THT 2.2 NAI 2.3 STA 2.4 CH 3.1 THT 3.2 NAI 3.3 STA 3.4 CH	LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	SANFURU FL 32//1	DELETE	1.4 CH 2.1 TH 2.2 NA 2.3 ST6 2.4 CH 3.1 TH 3.2 NAI 3.3 ST6 3.4 CH 4.1 TH 4.2 NAI	LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE		Change	
ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS VAME STREET ADDRESS	SAMPURU FL 32//1	☐ DELETE	1.4 CH 2.1 TH 2.2 NA 2.3 STH 2.4 CH 3.1 TH 3.2 NA 3.3 STH 4.1 TH 4.2 NA 4.3 STH	LE ME ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME		Change	Addition
ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	SAMPURU FL 32//1	DELETE	1.4 CH 2.1 TH 2.2 NA 2.3 STH 2.4 CH 3.1 TH 3.2 NA 3.3 STH 4.1 TH 4.2 NA 4.3 STH	LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS		Change	Addition
ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE STREET ADDRESS CITY-ST-ZIP ITILE	SAMPURU FL 32//1	☐ DELETE	1.4 CH 2.1 TH 2.2 NA 2.3 STH 2.4 CH 3.1 TH 3.2 NA 3.3 STH 4.1 TH 4.2 NA 4.3 STH 4.4 CH	LE ME ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME ME REET ADDRESS IY-ST-ZIP LE ME ME REET ADDRESS		Change	Addition
ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAMPURU FL 32//1	☐ DELETE	1.4 CH 2.1 TH 2.2 NA 2.3 STH 2.4 CH 3.1 TH 3.2 NA 3.3 STH 4.1 TH 4.2 NA 4.3 STH 4.4 CH 5.1 TH 5.2 NA	LE ME ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME ME REET ADDRESS IY-ST-ZIP LE ME ME REET ADDRESS		Change	Addition
ITITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	SAMPURU FL 32//1	☐ DELETE	1.4 CH 2.1 TH 2.2 NAI 2.3 STH 2.4 CH 3.1 TH 3.2 NAI 3.3 STH 4.1 TH 4.2 NAI 4.3 STH 4.4 CH 5.1 TH 5.2 NAI 5.3 STH	LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS		Change	Addition
ITILE NAME STREET ADDRESS CITY-ST-ZIP	SAMPURU FL 32//1	☐ DELETE	1.4 CH 2.1 TH 2.2 NAI 2.3 STH 2.4 CH 3.1 TH 3.2 NAI 3.3 STH 4.1 TH 4.2 NAI 4.3 STH 4.4 CH 5.1 TH 5.2 NAI 5.3 STH	LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME ME REET ADDRESS		Change	Addition
ITITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAMPURU FL 32//1	DELETE	1.4 CH 2.1 TH 2.2 NAI 2.3 STH 2.4 CH 3.1 TH 3.2 NAI 3.3 STH 4.1 TH 4.2 NAI 4.3 STH 4.4 CH 5.1 TH 5.2 NAI 5.3 STH 5.4 CH 6.1 TH	LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME ME REET ADDRESS Y-ST-ZIP LE		Change Change	Addition Addition
ITITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAMPURU FL 32//1	DELETE	1.4 CH 2.1 TH 2.2 NAI 2.3 STH 2.4 CH 3.1 TH 3.2 NAI 3.3 STH 4.1 TH 4.2 NAI 4.3 STH 4.4 CH 5.1 TH 5.2 NAI 5.3 STH 6.1 TH 6.2 NAI	ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME ME REET ADDRESS Y-ST-ZIP LE ME		Change Change	Addition Addition
ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE VAME STREET ADDRESS CITY-ST-ZIP ITILE VAME STREET ADDRESS CITY-ST-ZIP ITILE	SAMPURU FL 32//1	DELETE	1.4 CH 2.1 TH 2.2 NAI 2.3 STH 2.4 CT 3.1 TH 3.2 NAI 3.3 STH 4.1 TH 4.2 NAI 4.3 STH 4.4 CH 5.1 TH 5.2 NAI 5.3 STH 6.1 THI 6.2 NAI 6.3 STH 6.3 STH	LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME ME REET ADDRESS Y-ST-ZIP LE		Change Change	Addition Addition

remove the more information supplied with this liting does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informatio 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 eath; 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 or an attachment with an address.

SIGNATURE:

神の二十