

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

PROFIT CORPORATION ANNUAL REPORT

1998 1999



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90260 017 ***150.00

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1. Corporation Name JACK-IN-THE BOX DAYCARE, INC.

Principal Place of Business 8800 LATREC AVE. # 204 ORLANDO, FLA. 32819 Mailing Address 8800 LATREC AVE. # 204 ORLANDO, FLA. 32819



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/10/1997

4. FEI Number: [Redacted]

5. Certificate of Status Desired [] \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [] \$5.00 May Be Added to Fees

8. This corporation owes or has on the date of filing Personal Property Tax due June 30 []

10. Name and Address of New Registered Agent

2. Principal Place of Business 21 8800 LATREC AVE. 22 # 204 23 ORLANDO FL 24 32819 25 ORANGE 26 8800 LATREC AVE. 27 # 204 28 ORLANDO FL 29 32819 30 ORANGE

9. Name and Address of Current Registered Agent

LIFKA, LINDA M 8800 LATREC AVE. # 204 ORLANDO, FLORIDA 32819

81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85

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 an office of registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the duties of agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

Table with columns for Name, Title, Street Address, City, State, Zip, and a DELETED checkbox. Entry 1: LINDA M LIFKA, PRESIDENT, 8800 LATREC AVE. # 204, ORLANDO, FLORIDA 32819.

13. ADDITIONAL CHANGES TO OFFICERS

Table with columns for Name, Title, Street Address, City, State, Zip, and checkboxes for DELETED, CHANGED, and NEW.

14. I hereby certify that the information supplied within this annual report is true and accurate and that my signature shall have the same legal effect as it made under oath to execute this report as required by Chapter 607, Florida Statutes, and that my name is not on the Block 12 or Block 13 if changed, or on an instrument with an address

SIGNATURE: [Signature] April 20, 1999