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Mar 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000051995 (3)

1. Corporation Name
EMAN CHILD CARE, INC.



Principal Place of Business
11382 PROSPERITY FARMS ROAD
SUITE 227
PALM BEACH GARDENS FL 33410

Mailing Address
11382 PROSPERITY FARMS ROAD
SUITE 227
PALM BEACH GARDENS FL 33410

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/11/1997

4. FEI Number

☒ Applied For
☐ Not Applicable

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 paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 6062 Foster St

Suite, Apt. #, etc.

City & State

23 Palm Beach gardens FL

Zip 33418

Country U.S.A.

2a. Mailing Address

26 6062 Foster St

Suite, Apt. #, etc.

City & State

27 Palm Beach gardens FL

Zip 33418

Country U.S.A.

9. Name and Address of Current Registered Agent

FORBES, PHILIP H ESO
11382 PROSPERITY FARMS ROAD
SUITE 227
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

81 Name Eman Marcos

82 Street Address (P.O. Box Number is Not Acceptable)
6062 Foster St

84 City Palm Beach gardens

FL

85 Zip Code 33418

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

SIGNATURE *Eman Marcos*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2-23-98
DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME MARCOS, EMAN
STREET ADDRESS 6051 DIMOND STREET
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 on an attachment with an address.

SIGNATURE

80000247518
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***150.00

CR2E034 (10/97)