

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0075035

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED

99 AUG 18 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # **P97000056842**
1. Corporation Name
ABC CHILDREN'S LEARNING ACADEMY, INC.

Principal Place of Business 400 BRADLEY PL. PALM BEACH FL 33400	Mailing Address 400 BRADLEY PL. PALM BEACH FL 33400
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4330 SUMMIT BLVD Suite, Apt. #, etc. 22	2a. Mailing Address 26 4750 OAKES RD Suite, Apt. #, etc. 27 SUITE M City & State 23 WEST PALM BEACH, FL 28 DAVIE, FL Zip 24 33406 Country 25 USA
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3. Date Incorporated or Qualified 06/27/1997	4. FEI Number 65-0763869 Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
~~KENNEY, TIMOTHY H~~
~~100 BRADLEY PL.~~
~~PALM BEACH FL 33400~~

10. Name and Address of New Registered Agent
81 Name **DAVID F. LEVY**
82 Street Address (P.O. Box Number is Not Acceptable)
4750 OAKES RD.
83 **SUITE M**
84 City **DAVIE** FL 85 Zip Code **33314**

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 **DAVID F. LEVY** *[Signature]* **7/2/99**
Signature, typed or printed name of registered agent and title if applicable (Note: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVY, DAVID F 400 BRADLEY PL. PALM BEACH FL 33400 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAGLE, ARNALDO 100 BRADLEY PL. PALM BEACH FL 33400 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4750 OAKES RD, SUITE M DAVIE, FL 33314
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	100002963351--7 -08/18/99-01064-001 ****2200.00 ****550.00
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **DAVID F. LEVY** *[Signature]* **7/2/99 9:58 PM 5445**

CR2E034 (5/99)