

FILE NOW: FILING FEE AFTER MAY 15 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 15, 2000 8:00 am
Secretary of State

03-02-2000 90184 029 ***158.75

DOCUMENT # P97000050842
Document Name ABC Children's Learning Academy, Inc.

Place of Business 330 Summit Blvd.
West Palm Beach
Fl. 33406
Mailing Address 4330 Summit Blvd.
West Palm Beach, Fl.
33406

Place of Business 28
Apt. #, etc. 27
City & State 28
Country 25 Zip 28 Country 30

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified June 27, 1997
4. FEI Number 65-09700940763869 Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
7. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
Timothy H. Kenney, Esq
189 Bradley Place
Palm Beach, Fl. 33480

10. Name and Address of New Registered Agent
81 Name Stephen Santer
82 Street Address (P.O. Box Number is Not Acceptable) 4330 Summit Blvd.
83 West Palm Beach
84 City FL 85 Zip Code 33406

I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

Signature of Registered Agent [Signature] (NOTE: Registered Agent signature required when registered) DATE 3/31/2000

OFFICERS AND DIRECTORS
President David F. Levy ☒ DELETE
189 Bradley Place
Palm Beach, Fl. 33480
Vice President Arnaldo Jagle ☒ DELETE
189 Bradley Place
Palm Beach, Fl. 33480
Secretary ☐ DELETE
Treasurer ☐ DELETE
Director ☐ DELETE
Director ☐ DELETE
Director ☐ DELETE
Director ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE President/Treasurer ☒ Change ☐ Addition
1.2 NAME Stephen Santer
1.3 STREET ADDRESS 4330 Summit Blvd
1.4 CITY-ST-ZIP West Palm Beach, Fl. 33406
2.1 TITLE Vice President/Secretary ☒ Change ☐ Addition
2.2 NAME Melinda Santer
2.3 STREET ADDRESS 4330 Summit Blvd.
2.4 CITY-ST-ZIP West Palm Beach, Fl. 33406
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME ☐ Change ☐ Addition
3.3 STREET ADDRESS ☐ Change ☐ Addition
3.4 CITY-ST-ZIP ☐ Change ☐ Addition
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME ☐ Change ☐ Addition
4.3 STREET ADDRESS ☐ Change ☐ Addition
4.4 CITY-ST-ZIP ☐ Change ☐ Addition
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME ☐ Change ☐ Addition
5.3 STREET ADDRESS ☐ Change ☐ Addition
5.4 CITY-ST-ZIP ☐ Change ☐ Addition
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME ☐ Change ☐ Addition
6.3 STREET ADDRESS ☐ Change ☐ Addition
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 furnished 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, with all other like empowered.

SIGNATURE: [Signature] DATE 2/20/00 TELEPHONE 561-964-2800
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR