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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000075910 (4)

CARTER EARLY CARE AND EDUCATION CENTER, INCORPOR ATED

Principal Place of Business Mailing Address 141 LEE STREET 141 LEE STREET INDIALANTIC FL 32903-2307 INDIALANTIC FL 32903-2307

FILED Apr 20 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/29/1997 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business *59-*3466272 Not Applicable 26 21 Suite, Apt. #, etc \$8.75 Additional Suite, Apt. #, etc. X 6. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 8. Election Campaign Financing Ø Added to Fees Trust Fund Contribution 23 28 8. This corporation owes or has paid the current year Intangible Zıp Ζip Country Country Yes Personal Property Tax due June 30. 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent R1 Name CARTER, JAMES A III 141 LEE STREET Street Address (P.O. Box Number is Not Acceptable) INDIALANTIC FL 32903-2307 R3 Zip Code 84 City 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 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, typed or printed name of registered agent and bite it applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. Change Addition DELETE 1.1 Tell F TITLE CARTER, LYNN M NAME 141 LEE STREET 1.3 STREET ADDRESS STREET ADDRESS INDIALANTIC FL 32903-2307 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELFTE Change TITLE 2.1 TITLE CARTER, JAMES A III 2.2 NAME NAME 141 LEE STREET 2.3 STREET ADDRESS STREET ADDRESS INDIALANTIC FL 32903-2307 2. 4 CITY-ST-ZIP CITY ST-ZIP Addition DELETE Change 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 City - ST - ZiP CITY - ST - ZIP Change Addition DELETE 61 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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:

26 MARCH98

407 779 3400