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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000096305 (2)

BUILDING BLOCKS DAY CARE AND LEARNING CENTER, IN C.

Blown Balon

FILED Jun 19 1998 8:00am Secretary of State



5/1/92 (01) 472 1999

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Principal Place of Business Mailing Address And THOUR PLACE DR												
1949 ENGLEV			1949 ENGLEWOOD RD ENGELWOOD FL 34223									
ENGELWOOD FL 84223			ENGELFICOU PE SAZZS					DO NOT WRITE IN THIS SPACE				
								3. Date Incorporated or Qualified	1			
								11/10/1997				
2. Principal P	Place of Busine	oss	2a. Mailing Address					4. FEI Number		⊢ + -	pplied For	
21			[26]					45-0746311		 : -	ot Applicable	
Suite, Apt.	₩, BIC.		Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional equired	
City & Stat	· · · · · · · · · · · · · · · · · · ·		City & State				- • · · · · · · · · · · · · · · · · · · 	A Flatin Committee Financia				
23	.0		28					6. Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Zip	Country		Z(p) Cou			'y		8. This corporation owes or has paid the current year Intangible				
24 🐧]2	25	29		30			Personal Property Tax due Ju			☐ No	
	9. Name a	and Address of Current	Registered A	Agent				10. Name and Address of New I	tegistered	Agent		
P BE	RTRAM, GLO	ORIA A			8	l Na	me					
	B3 SE A MIST			8:	Str	eet Addre	ddress (P.O. Box Number is Not Acceptable)					
		TTE FL 33981					001710010	Tables (1.5. Dox reuniber to recopiable)				
			83			9				•		
					8	Cit	v			85 Zip	Code	
	<u>'</u>						•		<u>FL</u>	■		
11. Pursuant	to the provision	ons of Sections 607.0502	and 607-1506 (Florida, Suc	8, Florida Statu	iles, the abo	e-nar	med corpo	oration submits this statement for the on's board of directors. I hereby acc	purpose c	i changing il	ts registered	
agent I a	in fam var with	i, and locept the obligati	ions of, Section	on 607.0505, F	lorida Statut	98.	corporatio	in a bour of directors. Thereby acc		_ വ	rogistorou	
SIGNATURE	Lylo	ia U Derk							<u> </u>	18		
12.	Signature typical o	• ' • · · · · • • · · · · · · · · ·	and lifte if applica	hk- (NC	HE Registered A	gent sign	nature required	when reinstating) ADDITIONS/CHANGES TO OF	DATE	N DIDEATAL	20 (1) 40	
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NAME	ı ^.	1015		-	2.2 NAME	_ / `		DRIA A. BERTRAN	~			
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CITY-ST-ZIP	*, * *.				2. 4 CITY		· 3字	63 SEA MOT DR CHARLOTTE FL 33	121		l	
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CITY-ST-ZIP				· <u> </u>	4.4 CITY -	ST-ZIP		· · · · · · · · · · · · · · · · · · ·				
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indicated officer or	on this annua dir ecto r of the	I report or supplemental a corporation or the receive	annual report ær or trustee	is true and ec empowered to	curate and the	iat my	signature /	ection 119.07(3)(i), Florida Statules shall have the same legal effect as red by Chapter 607, Florida Statute	if made ur	n d er oath; tha	atlam an	
BIOCK 12 (or Biock 13 il	changed, or on an attach	imeni with an	address				- 11			ŀ	