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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000103592 (6)

FILED May 12 1998 8:00am Secretary of State

PANDA CARE PRESCHOOL INC. Principal Place of Business Mailing Address 2712 47TH AVE. W. 2712 47TH AVE. W. **BRADENTON FL 34207 BRADENTON FL 34207** DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 12/08/1997 Principal Place of Business 2a. Mailing Address Applied For 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 27 \$5.00 May Be 6. Election Campalgn Financing 28 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Yes 30 Personal Property Tax due June 30. 29 iame and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BERGER, DEBRA J 2712 47TH AVE. W. Street Address (P.O. Box Number is Not Acceptable) **BRADENTON FL 34207** 83 City 84 Zip Code 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 Stansture, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent alignature regulred when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition 1.1 TITLE TITLE Berger, Debra J NAME 1.2 NAME 2923 47TH AVE. W. STREET ADDRESS 1.3 STREET ADDRESS **BRADENTON FL 34207** CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ DELETE Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADORESS

14. Thereby 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 of the c

Targett A Da

SIGNATURE:

CITY-ST-ZIP

CR2E034 (10/97)