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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P97000103639 (5)

DAY TO NITE CHILD CARE, INC.

FILED Mar 09 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 6554 OLD WINTER GARDEN ROAD 6554 OLD WINTER GARDEN ROAD ORLANDO FL 32811 ORLANDO FL 32811 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/08/1997 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 59-3481309 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 25 ☐ No 24 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ANAYA, JEANETTE Name 7067 BLAIR DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32818 83 Zip Code Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 formiliar with, and accept the sligations of, Section 607.0505, Florida Statutes. 2-2B-9B SIGNATURE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Nette Anaya / P DELETE Change Addition TITLE 1.1 TITLE NAM Dz.re 1.2 NAME 12 BAIL 1.3 STREET ADDRESS DZANGO, FL 32010 CITY-ST-ZIP 1.4 CITY - ST- ZIP ALFONSO AWAYA / Y/P DELETE 2.1 TITLE Change Addition TITLE 2067 Blank BRIVE 2.2 NAME STREET ADDRESS 2.3 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 3.4. CITY - ST- ZIP CITY-ST-ZIP DELETE 4.1 TITLE ☐ Change ■ Addition TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change 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 TIFLE Change Addition TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP

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 preciver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

Z-28-08