PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90198 041 ***150.00

DOCUMENT # P98000	004332			
KIDS FIRST CARE, INC.				
			A SAN A BARAN AND A SAN ARAN AND AN ARAN ARAN ARAN ARAN ARAN	1 26 m
Principal Place of Business	Mailing Address			
809 E. JEFFERSON ST.	809 E. JEFFERSON ST.			
QUINCY FL 32351	OUINCY FL 32351		DO NOT WRITE IN THE	S SPACE
			3. Date Incorporated or Qualifed	
			01/14/1998	
2. Principal Place of Business	2a. Mailing Address		59-3470605	Applied For
21	Suite, Apt. #, etc.		27-3470803	Not Applicable \$8.75 Additional
Suite, Apt. #, etc.	27 Suite, Apr. W, etc.		5. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes the current year in	ntangible
24 25	29 3	0	Personal Property Tax. 10. Name and Address of New Registered	Yes MNo
9. Name and Address of Current	Registered Agent	81 Name	ID. Raine and Address of New Registered	- Agotti
JOHNSON, BARBARA			7 O D I La	
373 E. JEFFERSON ST.		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
QUINCY FL 32351		83		
		84 City		85 Zip Code
		1 1	<u> </u>	6 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of the provisions of Sections 607.0502 office or registered agent, or both, in the State of the provisions of Sections 607.0502 of the provisions of the provisions of Sections 607.0502 of the provisions 607.0502 of	? and 607.1508, Florida Statutes of Florida, Such change was auti	, the above-named cor horized by the corporat	rporation submits this statement for the purpose ti tion's board of directors. I hereby accept the appo	ointment as registered
and the families with and accept the children				
agent, I am ramiliar with, and accept the congati	ions of, Section 607.0505, Florid	la Statutes.	•	
SIGNATURE	ions di, Section 607.0505, Florid	a Statutes.		
SIGNATURE -Signature, typed or printed name of registered agent 12. OFFICERS ANI	and 195e of applicable. (NOTE: R	a Gialutes.		
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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 each; 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.