

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90043 008 ***150.00

DOCUMENT # P98000006116

1. Corporation Name

CHILDCARE DEVELOPMENT SYSTEMS INCORPORATED ✓

Principal Place of Business

Mailing Address

646 WEST SOUTH STREET
ORLANDO, FL 32805

646 WEST SOUTH STREET
ORLANDO, FL 32805

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

1/20/98

2. Principal Place of Business

2a. Mailing Address

21 4212 W. JACKSON STREET

26 4212 W. JACKSON STREET

4. FEI Number

59-3515877 ✓

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

23 ORLANDO FL

City & State

28 ORLANDO FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

24 32805

Country USA

Zip

29 32805

Country USA

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAWRENCE F. ROBINSON
646 WEST SOUTH STREET
ORLANDO FL 32805

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
4212 W JACKSON STREET

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DIRECTOR ☐ DELETE
NAME LAWRENCE F. ROBINSON
STREET ADDRESS 806 WEST LAKE MANN DRIVE
CITY-ST-ZIP ORLANDO, FL 32805

1.1 TITLE DIR/CHAIRMAN/CEO ☒ Change ☐ Addition
1.2 NAME LAWRENCE F. ROBINSON
1.3 STREET ADDRESS 4212 W JACKSON STREET
1.4 CITY-ST-ZIP ORLANDO, FL 32805

TITLE DIRECTOR ☐ DELETE
NAME DENNIS F. FAIR
STREET ADDRESS 809 MENTMORE CIRCLE
CITY-ST-ZIP DELTONA, FL 32738

2.1 TITLE DIR/VP/CEO ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE DIR/PRESIDENT ☐ Change ☒ Addition
3.2 NAME JOANNE Bell
3.3 STREET ADDRESS 4527 LAKE ORLANDO PKWY
3.4 CITY-ST-ZIP ORLANDO, FL 32805

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99
Date

407-592-0196
Daytime Phone #

CR2E034 (1/98)