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

0342250

DOCUMENT # **P98000018469**

1. Corporation Name

NEIGHBORHOOD KIDS PRESCHOOL OF CORAL SPRINGS, INC.

Principal Place of Business	Mailing Address
22548 CARAVELLE CIRCLE BOCA RATON FL 33433	22548 CARAVELLE CIRCLE BOCA RATON FL 33433

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed **02/25/1998**

2. Principal Place of Business	2a. Mailing Address
21	941 S.W 8th STREET	26	941 S.W. 8th STREET
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Pompano Beach FL	28 City & State Pompano Beach FL
24 Zip 33069	25 Country BROWARD	29 Zip 33069	30 Country BROWARD

4. FEI Number **65-0818276**

Applied For ☐   Not Applicable ☐

5. Certifcate of Status Desired ☒   **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐   **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent

AMOS, JACQUELYN V
22548 CARAVELLE CIRCLE
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81	Name	Amos Jacquelyn V.
82	Street Address (P.O. Box Number is Not Acceptable)	941 SW 8th STREET
83		
84	City	Pompano Beach FL	85 Zip Code 33069

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 PVD	☒ DELETE	1.1 TITLE PRESIDENT	☒ Change ☐ Addition
NAME AMOS, JACQUELINE V		1.2 NAME AMOS JACQUELINE V.	
STREET ADDRESS 22548 CARAVELLE CIRCLE		1.3 STREET ADDRESS 941 SW 8th STREET	
CITY-ST-ZIP BOCA RATON FL 33433		1.4 CITY-ST-ZIP POMPANO Beach FL 33069	
TITLE	☐ DELETE	2.1 TITLE SECRETARY	☐ Change ☒ Addition
NAME		2.2 NAME John E. MURRAY	
STREET ADDRESS		2.3 STREET ADDRESS 941 S.W. 8th STREET	
CITY-ST-ZIP		2.4 CITY-ST-ZIP Pompano Beach FL 33069	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (11/98)

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: _Jacquelyn Amos, Pres._   Date 1/8/99   Daytime Phone # 954 782 0951

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR