

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **P98000030421**

ALL OUR CHILDREN DAY CARE, INC.

Principal Place of Business

7TH STREET
WEST FL 33040

Mailing Address

1501 7TH STREET
KEY WEST FL 33040

FILED
Sep 07, 1999 8:00 am
Secretary of State

09-07-1999 90008 012 ***550.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
26		27		03/30/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FBI Number	
27		28		65-0835279	
City & State		City & State		5. Certificate of Status Desired	
28		29		Applied For	
Zip		Country		Not Applicable	
25		30		\$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent				6. Election Campaign Financing	
FRITH, ALFRED L ESQ				Trust Fund Contribution	
713 WHITEHEAD STREET				5.00 May Be Added to Fees	
KEY WEST FL 33040				8. This corporation owes the current year Intangible Personal Property.	
				Yes No	
10. Name and Address of New Registered Agent					
81 Name					
82 Street Address (P.O. Box Number is Not Acceptable)					
83					
84 City				85 Zip Code	
FL					

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.

NATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
T-ADDRESS	D GALLAHER, PATRICK 3710 WINCHELL ROAD SHAKER HEIGHTS OH 44122	1.1 TITLE	Change Addition
T-ZIP		1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
T-ADDRESS	D GALLAHER, KERRY 2457 DERMINGTON DRIVE CLEVELAND HEIGHTS OH	2.1 TITLE	Change Addition
T-ZIP		2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
T-ADDRESS		3.1 TITLE	Change Addition
T-ZIP		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
T-ADDRESS		4.1 TITLE	Change Addition
T-ZIP		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
T-ADDRESS		5.1 TITLE	Change Addition
T-ZIP		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
T-ADDRESS		6.1 TITLE	Change Addition
T-ZIP		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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 dictated 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)