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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000036120

1. Corporation Name

SHELLA FRANCIS FAMILY DAY CARE INC

OHLLIA I	THANGO PAINILE DAT OA	rie, 1140	<i>,</i> .								
Principal Place	e of Rusiness	Ma	illing Address				-	i konklonk na ranas sonii aan		13 11113 E1101 11610	HOLL BOST TOOL
			_								
222 NW 5TH AVE. 222 NW 5TH AVE. DELRAY BEACH FL 33444 DELRAY BEACH FL 33444											
DELINI DENOTITE SOFF								DO NOT V	VRITE IN THE	S SPACE	
	•		*				3.	Date Incorporated or Quali	ed		
								04/20/1998			
Principal Place of Business 2a. Mailing Address						4.	FEI Number		Apı	plied For	
21		26						65-0837	1/7	Not	t Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					Certificate of Status Desired	1 12	\$8.75 △	
22	•	27					J.	Octificate of Cialab Booms		Fee Re	
City & State City & S			City & State	State			6.	Election Campaign Financi	ng .	\$5.00	
23	•	28						Trust Fund Contribution		Added to	o Fees
Zip	Country		Zip	Count	try	* .	8.	This corporation owes the	current year Ir		
24	25	29	···	30				Personal Property Tax.			□No
	9. Name and Address of Curre	ent Regist	tered Agent				10.	Name and Address of Ne	w Registered	Agent	
EDAI	NOIC CHELIA	•		8	31 r	Name					
	NCIS, SHELIA			8	32 5	Street Addr	ess (P	O. Box Number is Not Acc	eptable)		
	NW 5TH AVE.			L	OI OI OI OI				. <u>.</u>		
UELI	RAY BEACH FL 33444			8	33						
				5	34 (City				85 Zip C	ode
						•			FI	L	
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State in familiar with, and accept the oblig	e of Flond	ia. Such change was at	utnonzea t	oy tne	named corp e corporation	oration on's bo	n submits this statement for pard of directors. I hereby a	the purpose of scept the appo	of changing its ointment as req	registered gistered
"agent. I a	m familiar with, and accept the oblig	jations of,	Section 607.0505, Flor	nda Statut	es.						
SIGNATURE	an jamiliai min, and accept the cong	janono oi,								1	n 15
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if	f applicable. (NOTE:	Registered A		ignature require	d when n	einstating)	DATE	1	n 150 . (≱ 13 € £
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if	f applicable. (NOTE:	Registered A	gent si		d when n		DATE	1	n 150 . (≱ 13 € £
SIGNATURE 12.	Signature, typed or printed name of registered ag OFFICERS A	ent and title if	f applicable. (NOTE:	13.	gent si		d when n	einstating)	DATE	ND DIRECTO	n 5. 14 13. (1) RS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered ag OFFICERS A D FRANCIS, SHELIA	ent and title if	f applicable. (NOTE:	13. 1.1 TITL 1.2 NAM	gent si	ignature require	d when n	einstating)	DATE	ND DIRECTO	n 5. 14 13. (1) RS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered ag OFFICERS A D FRANCIS, SHELIA 222 NW 5TH AVE.	ent and title if	f applicable. (NOTE:	13. 1.1 TITL 1.2 NAM 1.3 STRI	gent si E IE EET AL	ignature require	d when n	einstating)	DATE	ND DIRECTO	n 5. 14 13. (1) RS IN 12
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered ag OFFICERS A D FRANCIS, SHELIA 222 NW 5TH AVE.	ent and title if	f applicable. (NOTE:	13. 1.1 TITLI 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLI	gent si E IE EET AL '-ST-Z	ignature require	d when n	einstating)	DATE	ND DIRECTO	RS IN 12
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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 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90140 010 ***159.00