

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
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90068 032 ***158.75

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DOCUMENT # P98000050219

1. Corporation Name

MERRILY TROIANI FAMILY CHILD CARE, INC.

Principal Place of Business

**113 FAIRWAY TEN DR
CASSELBERRY FL 32707**

Mailing Address

**113 FAIRWAY TEN DR
CASSELBERRY FL 32707**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/03/1998

4. FEI Number

59-3514814

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 **N/A**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate 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.

☐

☒

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TROIANI, MERRILY
113 FAIRWAY TEN DR
CASSELBERRY FL 32707**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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 ☐ DELETE

NAME **PTD
TROIANI, MERRILY**
STREET ADDRESS **113 FAIRWAY TEN DR**
CITY-ST-ZIP **CASSELBERRY FL 32707**

1.1 TITLE ☐ Change ☐ Addition

NAME **TROIANI, MERRILY**

1.2 NAME

STREET ADDRESS **113 FAIRWAY TEN DR**
CITY-ST-ZIP **CASSELBERRY FL 32707**

1.3 STREET ADDRESS

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME **VSD
TROIANI, CANDICE**
STREET ADDRESS **113 FAIRWAY TEN DR**
CITY-ST-ZIP **CASSELBERRY FL 32707**

2.2 NAME

TITLE ☐ DELETE

2.3 STREET ADDRESS

NAME ☐ DELETE

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

3.2 NAME

STREET ADDRESS ☐ DELETE

3.3 STREET ADDRESS

CITY-ST-ZIP ☐ DELETE

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

4.2 NAME

STREET ADDRESS ☐ DELETE

4.3 STREET ADDRESS

CITY-ST-ZIP ☐ DELETE

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

5.2 NAME

STREET ADDRESS ☐ DELETE

5.3 STREET ADDRESS

CITY-ST-ZIP ☐ DELETE

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

6.2 NAME

STREET ADDRESS ☐ DELETE

6.3 STREET ADDRESS

CITY-ST-ZIP ☐ DELETE

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:

Merrily Troiani
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/99
Date

407-698-1105
Daytime Phone #

CR2E034 (1/98)