

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

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May 04, 1999 8:00 am
Secretary of State

05-04-1999 90106 024 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000059879

1. Corporation Name
GERMAN CHILD CARE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
842 DIPLOMAT DRIVE
BUILDING D. UNIT 101
DEBARY FL 32713

Mailing Address
842 DIPLOMAT DRIVE
BUILDING D. UNIT 101
DEBARY FL 32713

3. Date Incorporated or Qualified
07/07/1998

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-3520342

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 POST OFFICE BOX 5932
Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State

27 City & State
28 DELTONA, FLORIDA

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

23 Zip Country
24 25

29 32728 30 U.S.A.

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

~~AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134~~

81 Name Edward Jacobson
82 Street Address (P.O. Box Number is Not Acceptable) 385 South Northlake Blvd.
83 Suite #2036
84 City Altamonte Springs, FL 85 Zip Code 32701

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 Edward Jacobson Edward Jacobson DATE 4-26-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BISCHOFF, MANFRED	1.2 NAME	
STREET ADDRESS	842 DIPLOMAT DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DEBARY FL 32713	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBSON, EDWARD	2.2 NAME	
STREET ADDRESS	842 DIPLOMAT DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DEBARY FL 32713	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Edward Jacobson Edward Jacobson DATE 4-26-99 DAYTIME PHONE # 407-834-4595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)