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

DOCUMENT # P98000069964 1. Corporation Name

SMALL WONDERS CHILD CARE, INC. OF JACKSONVILLE

Principal Place of Business Mailing Address							
1820 UNIVERSITY BLVD. 1820 UNIVERSITY BLVD.							
JACKSONVILLE FL 32211 JACKSONVILLE FL 32211						DO NOT WRITE IN THIS SPACE	
							3. Date Incorporated or Qualifed
							08/11/1998
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For	
<u>⊢</u> i '			26				50-352854 Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				\$8.75 Additional
22			27				5. Certificate of Status Desired Fee Required
City & State			City & State				6. Election Campaign Financing \$5.00 May Be
23			28				Trust Fund Contribution Added to Fees
Zip Country Zip			Zip	Country			This corporation owes the current year Intangible
24	25 29 30			30			Personal Property Tax. Yes Wo
	9. Name and Address of Curre	nt Regist	ered Agent		_		10. Name and Address of New Registered Agent
	DDIV LAADIANISE			81		Name	
HENDRIX, MARIANNE				82	1	Street Ad	Address (P.O. Box Number is Not Acceptable)
1820 UNIVERSITY BLVD.			83				
JACKSONVILLE FL 32211					1		·
				84	T	City	FL 85 Zip Code
44 Durant to the Anishme of Sections 607 0503 and 607 1508 Florida Statutos the				s the abov	P-1	named co	
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 amiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
agent. I a	m familiar with, and accept the obliga	attions of,	Section 607.0505, Flori	da Siaiules	s.		ulialaa
SIGNATURE	John Street Transparence of Proposition of Proposit	XQ1	f applicable. (NOTE: I	Registered Age	nt s	signature req	quired when reinstating) DATE
12.	OFFICERS A			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D		☐ DELETÉ	1.1 TITLE			P. Addition Addition
NAME	HENDRIX, MARIANNE			1.2 NAME		'	Herdrix Marior 2
STREET ADDRESS	9741 PINEVALLEY LANE			1.3 STREE	TA	ADDRESS	Herdrix Mariane 7814 Bellemende Olvd
CITY-ST-ZIP	JACKSONVILLE FL 32244		1.4 (3 7-2		Jacksonulle PC 32211
TITLE	D		☐ DELETE	2.1 TITLE		1	V
NAME	HENDRIX, WALTER			2.2 NAME			Herdrik Walter 1844 Bellerede Blod
STREET ADDRESS	9741 PINEVALLEY LANE			2.3 STREE	TA	ADDRESS 7	7844 Bellereade dell
CITY-ST-ZIP	JACKSONVILLE FL 32244	-		2.4 CITY-	ST-	· ZIP	gacksonulle, FC 32211
TITLE			☐ DELETE	3.1 TITLE		1	☐ Change ☐ Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREE	T A	ADDRESS	
CITY-ST-ZIP				3.4. CITY-	ST-	-ZIP	
TITLE			☐ DELETE	4.1 TITLE			Change Addition
NAME				4. 2 NAME			
STREET ADDRESS	•			4.3 STREE	T A	ADDRESS	
CITY-ST-ZIP				4.4 CITY-5		ZP	
TITLE			, DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME				5.2 NAME			
STREET ADDRESS						ADDRESS	
CITY-ST-ZIP				5.4 CITY - S		ZIP	Change Cladica
TITLE			DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME			•	6.2 NAME		ADDDESS	
STREET ADDRESS				6.3 STREE	: I A	ADDRESS	

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 of 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, on on an attachment with an abdress, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90034 035 ***150.00