(11/98)

CR2E034

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

04-29-1999 90003 031 ***150.00

FILED

Apr 29, 1999 8:00 am Secretary of State

1999

DOCUMENT # P98000071752 1. Corporation Name SOUTH FLORIDA CHILD CARE, INC. Mailing Address Principal Place of Business 8338 SYLVAN DR 8338 SYLVAN DR WEST MELBOURNE FL 32901 WEST MELBOURNE FL 32901 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 08/18/1998 4. FEI Number Applied For 2/ Principa Place of Business 2a. Mailing Address SOUTH FL CATE CARE 352 951 Not Applicable TUTOR TIME CHILD CARE 2274 S.E. BELVEDERE ST. \$8.75 Additional Suite, Apt. #, etc. Certifcate of Status Desired_ Fee Recuired 27 RORGST. LUCIE, FL 34984 City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country Country Zip 8. This corporation owes the current year intangible Zip 30 Persor al Property Tax. 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 LOCKWOOD, PAUL Street Acdress (P.O. Box Number is Not Acceptable) 8338 SYLVAN DR WEST MELBOURNE FL 32901 83 84 85 Zip Code City 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 bo h, in the State of Florida. Such change was authorized by the corporation's board of circulars. I hereby accept the appointment as registered agent, am families with, and accept the obligations of, Section 607.0505, Florida Statutes. /_28*-99* SIGNATURE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition ☐ DELETE Change 11 TITLE TITLE łockwood. Paul 12 NAME NAME 8338 SYLVAN DR 13 STREET ADDRESS STREET ADDRESS WEST MELBOURNE FL 32901 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change D V.S. □ DELETE 2.1 TITLE TITLE LOCKWOOD, TONI 2.2 NAME 8338 SYLVAN DR 2.3 STREET ADDRESS STREET ADDRESS WEST MELBOURNE FL 32901 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ OELETE 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRE 3S 4.3 STREET ADDRESS 44 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE 5.2 NAME NAME

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 indicate d 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 recuired 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

61 TITLE

6.2 NAME

□ DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

Change

☐ Addition