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 Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90147 024 ***150.00

DOCUMENT # P98000096937 1. Corporation Name HIDDEN TREASURES CHILDCARE, INC.							
Principal Place	e of Business	Mailing Address			-	II O HOUSE OURIO HOUSE	
4215 SOUTHPO		4215 SOUTHPOINT BLVD.					
SITE 100	SITE 100						
JACKSONVILLE	FL 32216	JACKSONVILLE FL 32216			DO NOT WRITE IN TH	HIS SPACE	_
					3. Date Incorporated or Qualifed		
. D.: :=-1.D	No. of Dusings	2a. Mailing Address			11/18/1998 4. FEI Number		plied For
	lace of Business	26. Walling Address			59-3542455		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75	Additional
22		27		~	_5Certifcate of Status Desired	Fee Re	equired=====
		City & State	y & State		6. Election Campaign Financing	\$5.00	
23	The state of the s	28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zíp	Country		8. This corporation owes the current year	Intangible Yes	□No
24	25	29	30		Personal Property Tax. 10. Name and Address of New Registere		<u>C140</u>
	9. Name and Address of Curre	eur vedisteten Adeur	81 Nan	ne	To. Name and Address of Now Registers	oa <u>ragom</u>	
SCH	NEIDER, MICHAEL N						
	SOUTHPOINT BLVD.		82 Stre	et Addre	ss (P.O. Box Number is Not Acceptable)		
SITE	100		83				
JACH	KSONVILLE FL 32216		94 6			85 Zip (Code
			84 City		F	·L `	
11. Pursuant office or r	to the provisions of Sections 607.05 registered agent, or both, in the Stat im familiar with, and accept the oblig	602 and 607.1508, Florida Statu e of Florida. Such change was a	tes, the above-nam authorized by the co	ed corpor	ration submits this statement for the purpose i's board of directors. I hereby accept the ap	of changing its pointment as re	registered gistered
agent. i a	im iamiliai wilii, and accept the oblig	jations of, Section 607.0505, Fig	orida Statutes.				İ
agent. I a SIGNATURE		Jations of, Section 607.0505, Fig	orida Statutes.				
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable. (NOTE	erida Statutes. Registered Agent signatures.		when reinstating) DATE		
_	Signature, typed or printed name of registered ag	Jations of, Section 607.0505, Fig	E: Registered Agent signati				
SIGNATURE	Signature, typed or printed name of registered ag	pent and title if applicable. (NOTE	E: Registered Agent signati		when reinstating) DATE	AND DIRECTO	DRS IN 12
SIGNATURE 12.	Signature, typed or printed name of registered at OFFICERS A D KLEIN, VICTORIA ANN	pent and title if applicable. (NOTE	E: Registered Agent signati	ure required	when reinstating) DATE	AND DIRECTO	DRS IN 12
SIGNATURE 12. IIILE NAME	Signature, typed or printed name of registered at OFFICERS A D KLEIN, VICTORIA ANN	gent and title if applicable. (NOTE ND DIRECTORS	E: Registered Agent signate 13. 1.1 TITLE 1.2 NAME	ure required	when reinstating) DATE	AND DIRECTO	DRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered as OFFICERS A D KLEIN, VICTORIA ANN 5265 HICKSON ROAD	pent and title if applicable. (NOTE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRE	ure required	when reinstating) DATE	AND DIRECTO	DRS IN 12
SIGNATURE 12. IIILE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered as OFFICERS A D KLEIN, VICTORIA ANN 5265 HICKSON ROAD	gent and title if applicable. (NOTE ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADORE 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	P/	when reinstating) DATE	AND DIRECTO	DRS IN 12
SIGNATURE 12. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered at OFFICERS A D KLEIN, VICTORIA ANN 5265 HICKSON ROAD JACKSONVILLE FL 32207	gent and title if applicable. (NOTE ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADORE 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADORE	P/	when reinstating) DATE	AND DIRECTO	DRS IN 12
SIGNATURE 12. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered at OFFICERS A D KLEIN, VICTORIA ANN 5265 HICKSON ROAD JACKSONVILLE FL 32207	pent and title if applicable. (NOTE ND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADORE 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADORE 2.4 CITY-ST-ZIP	P/	when reinstating) DATE	AND DIRECTO Change	ORS IN 12 Addition Addition
SIGNATURE 12. ITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered at OFFICERS A D KLEIN, VICTORIA ANN 5265 HICKSON ROAD JACKSONVILLE FL 32207	gent and title if applicable. (NOTE ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADORE 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADORE 2.4 CITY-ST-ZIP 3.1 TITLE	P/	when reinstating) DATE	AND DIRECTO	DRS 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/99

7*23-3*534

Daytime Phone #