

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 12 1996 8:00 am
Secretary of State

DOCUMENT # **S04816** (2)
1. Corporation Name
NOAH'S ARK CHILD CARE CENTER, INCORPORATED

Principal Place of Business Mailing Address
3511 S.E. 31ST STREET **3511 S.E. 31ST STREET**
OCALA FL 34471 **OCALA FL 34471**
US **US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt #, etc		26 Suite, Apt #, etc		08/19/1990		07/25/1995	
22 City & State		27 City & State		4. FEI Number		Applied For	
23 Zip		28 Zip		59-3030189		Not Applicable	
24 Country		29 Country		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 has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LUCE, JUDITH L. 3511 S.E. 31ST STREET OCALA FL 32871				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 for printed name of registered agent and title if applicable		(If 011: Registered Agent signature required when transacting)		DATE									
12. OFFICERS AND DIRECTORS								13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
11 TITLE								11 TITLE							
NAME								12 NAME							
STREET ADDRESS								13 STREET ADDRESS							
CITY - ST - ZIP								14 CITY - ST - ZIP							
D LUCE, DENNIS E.								21 TITLE							
3511 SE 31ST ST								22 NAME							
OCALA FL								23 STREET ADDRESS							
								24 CITY - ST - ZIP							
D LUCE, JUDITH L.								31 TITLE							
3511 SE 31ST ST								32 NAME							
OCALA FL								33 STREET ADDRESS							
								34 CITY - ST - ZIP							
D KAINRAD, CHRISTIAN A.								41 TITLE							
348 LACOSTA								42 NAME							
NORTH PORT FL								43 STREET ADDRESS							
								44 CITY - ST - ZIP							
								51 TITLE							
								52 NAME							
								53 STREET ADDRESS							
								54 CITY - ST - ZIP							
								61 TITLE							
								62 NAME							
								63 STREET ADDRESS							
								64 CITY - ST - ZIP							

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Judith Luce Judith Luce 8/12/96 352-694-1444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/96)