

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

**FILED**  
**Jun 13 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S10864 (4)**

1. Corporation Name  
**LITTLE FOLKS CHILD CARE AND EDUCATION SERVICE, I NC.**



Principal Place of Business <b>6837 WEST COLONIAL DR                  ORLANDO FL 32818</b>	Mailing Address <b>6837 WEST COLONIAL DR                  ORLANDO FL 32818-7829</b>
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3. Date Incorporated or Qualified <b>10/23/1990</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-3075708</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business <b>6837 W. C. Dr.</b>	22. Mailing Address <b>AS ABOVE</b>
22. Suite, Apt. #, etc. <b>(SAME)</b>	27. Suite, Apt. #, etc. <b>(SAME)</b>
23. City & State	28. City & State
24. Zip	25. Country
29. Zip	30. Country

9. Name and Address of Current Registered Agent

**FOULKS, CATHERINE W  
 7648 APPLE TREE CIRCLE  
 ORLANDO FL 32819**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>
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 or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>FOULKS, CATHERINE W.</b>	
STREET ADDRESS	<b>7648 APPLE TREE CR</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32819</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>WILLIS, VERA L.</b>	
STREET ADDRESS	<b>7648 APPLE TREE CR</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>CLIFTON, LEE</b>	
STREET ADDRESS	<b>7648 APPLE TREE CR</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WINSTON, JAMIL C</b>	
STREET ADDRESS	<b>7648 APPLE TREE CR</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>DC</b>	<input type="checkbox"/> DELETE
NAME	<b>ROEBUCK, WILLIAM JR</b>	
STREET ADDRESS	<b>7648 APPLE TREE CR</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>MD</b>	<input type="checkbox"/> DELETE
NAME	<b>WILLIS, ROBERT</b>	
STREET ADDRESS	<b>7648 APPLTREE CR</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>DP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Dr. Catherine W Foulks</b>	
1.3 STREET ADDRESS	<b>7648 Apple Tree Circle</b>	
1.4 CITY-ST-ZIP	<b>ORLANDO, FL 32819</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE: *Dr. Catherine W Foulks* MAY 1 1997 407-578-0246

CR2E034 (9/96)