

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

FILED
Feb 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 6837 WEST COLONIAL DR ORLANDO FL 32818 US	Mailing Address 6837 WEST COLONIAL DR ORLANDO FL 32818
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/23/1990	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3075708	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent FOULKS, CATHERINE W 7648 APPLE TREE CIRCLE ORLANDO FL 32818				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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 title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	FOULKS, CATHERINE W.	1.2 NAME	MD. Foulks, Catherine L.
STREET ADDRESS	7648 APPLE TREE CR	1.3 STREET ADDRESS	7648 Apple Tree Cr
CITY-ST-ZIP	ORLANDO FL 32818	1.4 CITY-ST-ZIP	Orlando, FL 32819
TITLE	DV	2.1 TITLE	
NAME	WILLIS, VERA L.	2.2 NAME	
STREET ADDRESS	7648 APPLE TREE CR	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	DV	3.1 TITLE	
NAME	CLIFTON, LEE	3.2 NAME	
STREET ADDRESS	7648 APPLE TREE CR	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	WINSTON, JAMIL C	4.2 NAME	
STREET ADDRESS	7648 APPLE TREE CR	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	DC	5.1 TITLE	
NAME	ROEBUCK, WILLIAM JR	5.2 NAME	
STREET ADDRESS	7648 APPLE TREE CR	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE	MD	6.1 TITLE	
NAME	WILLIS, ROBERT	6.2 NAME	
STREET ADDRESS	7648 APPLE TREE CR	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Dr. Catherine L. Foulks* 2/16/98 704-578-0246

CR2E034 (10/97)