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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT # S12

S12286

(8)

ABC INFANT TODDLER CENTER II, INC.

Principal Place of Business Mailing Address
41 10TH STREET N 41 10TH STREET N
NAPLES FL 33940 NAPLES FL 33940

FILED Feb 03 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

11/13/1990

Suite, Apt. #, etc Suite, Apt. #, etc Suite, Apt. #, etc. S	z. Principai Piai	ice of positiess	Za. Mailing Address				4. FEI Nullipei	L A	pplied For		
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City & State City & State City & State City & State State City & State City & State St	Suite, Apt. #,	, etc					5. Certificate of Status Desired \$8.75 Additional				
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Zip Country Zip Country Zip Country 8. This corporation owes or has paid the current year Intangib 9. Name and Address of Current Registered Agent GIBBONS, SANDRA M 41 - 10TH ST., N. NAPLES FL 33940 82 Street Address (P.O. Box Number is Not Acceptable) 83 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 registifice 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 regist agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature. Syped or printed name of registered Agent and like if applicable. NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE QIBBONS, ROBERT E 1.2 INTILE P OFFICERS AND DIRECTORS 1.3 STREET ADDRESS 4.1 10TH STREET N 1.3 STREET ADDRESS CITY-ST-ZIP NAME GIBBONS, SANDRA M 2.2 YAME 3.3 STREET ADDRESS 4.1 10TH STREET N 2.3 STREET ADDRESS CITY-ST-ZIP NAME GIBBONS, SANDRA M STREET ADDRESS 4.1 10TH STREET N 2.3 STREET ADDRESS STREET ADDRESS 4.1 10TH STREET N 3.3 STREET ADDRESS STREET ADDRESS STREET ADDRESS 3.3 STREET ADDRESS STREET ADDRESS 3.3 STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	¬ ·		⊢ ′				l				
28							Trust Fund Contribution	Added	to Fees		
9, Name and Address of Current Registered Agent GIBBONS, SANDRA M 41 - 10TH ST., N. NAPLES FL 33940 82 Street Address (P.O. Box Number is Not Acceptable) 83 Red 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 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 regist agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE P DELETE 1.1 TITLE GIBBONS, ROBERT E 1.2 NAME SIRRET ADDRESS CITY-ST-ZIP NAME GIBBONS, SANDRA M 2.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP NAME GIBBONS, SANDRA M 2.3 STREET ADDRESS CITY-ST-ZIP NAME GIBBONS, SANDRA M 2.3 STREET ADDRESS	- , '	— ´	<u> </u>		try		· · · · · · · · · · · · · · · · · · ·		tangible		
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14. Thereby 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 prints 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	14. I hereby cer	ertify that the information supplied with	n this filing does not qualify fo	the exem	ption	stated in Se	ection 119.07(3)(i), Florida Statutes. I further certi	fy that the	information		

indicated on this annual report of 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: _ domination the state of the sta

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