## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1996  DOCUMENT # S13423 1. Corporation Name  B & D DAYCARE, INC.  Principal Place of Business  Mailing Address  418 N. MARTIN LUTHER KING BLVD. DAYTONA BCH. FL 32114  DAYTONA BCH. FL 32114	ed <b>3a</b> . Date o		
Principal Place of Business  Mailing Address  418 N. MARTIN LUTHER KING BLVD. DAYTONA BCH. FL 32114  DAYTONA BCH. FL 32114	ed <b>3a</b> . Date o		
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DAYTONA BCH. FL 32114 DAYTONA BCH. FL 32114	I		
Aution, com in early	I		
US 3, Date Incorporated or Qualific	I	of Last Rei	port
11/19/1990	1 22	/09/199	4
2 Principal Place of Business 2a. Mailing Address 4. FET Number		<u></u>	pplied For
21 26 59-3040522 Suite Apt. #, etc. 5 Continue of Style Position			lot Applicable Additional
Suite, Apt. #, etc.  Suite, Apt. #, etc.  5, Certificate of Status Desired  22			tequired
City & State City & State 6. Election Campaign Financing	<sup>9</sup> $\square$		May Be
Zin         Country         Zip         Country         8, 1 his corporation has liability	for intang-ble tax		to Fees 199.032,
29 30 Florida Statutes	Yes 🔲 No		
9. Name and Address of Current Registered Agent 10. Name and Address of Ne	w Registered A	gent	
81 Name			
DANIELS, MARTHA  82 Street Address (P.O. Box Number is Not Acceptable)			
418 N. MARTIN LUTHER KING BLVD.  DAYTONA BCH. FL 32114			
84 City		<b>85</b> Ζφ	Code
Con Nicelel complex line	PL a purivose of chan	noina its re	edistered office
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the 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 r	egistered	agent. I am
familiar with, and accept the obligations or, Section bor 10005, Profiles Statistics			
SIGNATURE Signature, typed or printed name of registered agent and title. Legal celule:  OFFICERS AND DIRECTORS  # 13. ADDITIONS/CHANGES TO	DA'F	NIDE CT O	DQ INI 12
Dougte state		Change	Addition
NAME BARRS, TONY			
STREET ADDRESS 418 N MARTIN LUTHER KING 1.3 STHEET ADDRESS			
CITY-ST-ZIP DAYTONA BEACH FL 1.4 CITY-ST-ZIP	<del>[-</del>	Change	Addition .
TIFLE P DANIELS MADTHA 22 NAME	<b>L</b>	j ensige	
NAME DANIELS, MARTHA STREET ADDRESS 418 N MARTIN LUTHER KING 23 STREET ADDRESS			
CITY-ST-ZIP DAYTONA BEACH FL 24 CITY-ST-ZIP			
TITLE DELETE 3 1 TIPLE	L	] Change	☐ Addition
NAME 32 NAME STREET ADDRESS 33 STREET ADDRESS			
0.4004.03.30			
C  Y-S1-Z  P		] Change	Add tion
NAME 4.2 NAME			
STREET ADDRESS 4.3 STREET ADDRESS			
CITY-S1-ZIP 44 CITY-S1-ZIP THE DELETE 5.1 TITLE		Change	Addition
E O NAME	_	_ •	_
PANIC			
STREET ADDRESS			
TILE DELETE 6.1 TILE		] Chang∈	Addition
NAME 62 NAME			
STREET ADDRESS 63 STREET ADDRESS			
CTY-ST-ZP  64 CTY-ST-ZP  64 CTY-ST-ZP  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), Flor	rida Statut	tes. 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: Mattha B. Daniels
SKONATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-94-904-255-3804