

FILE NOW: FILING FEE AFTER MAY 1 IS \$350.00



PROFIT
CORPORATION
ANNUAL REPORT
1997

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

FILED

97 JUL 21 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S 44570.
1. Corporation Name
HAPPY ACRES CHILD CARE INC.

Principal Place of Business Mailing Address
3604 MEADOWBROOK AVE
ORLANDO FL - 32808

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		59-316217		Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing		5.00 May Be Added to Fees	
24 Country		29 Country		Trust Fund Contribution		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
						Yes No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
YOLANDE HALLS & KELVIN HALLS 3604 MEADOWBROOK AVE ORLANDO FL - 32808				JOAN - A. GRANT 328 PLUMWOOD CIRCLE KISSIMMEE FL 34743			

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: Joan A. Grant DATE: 7-17-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	JOAN GRANT PRESIDENT	11 TITLE	JOAN GRANT (PRESIDENT) DIR	Change Addition			
NAME	JOAN GRANT	12 NAME	JOAN GRANT	Change Addition			
STREET ADDRESS	328 PLUMWOOD CIRCLE KISSIMMEE	13 STREET ADDRESS	328 PLUMWOOD CIRCLE	Change Addition			
CITY-ST-ZIP	ORLANDO FL - 32808	14 CITY-ST-ZIP	KISSIMMEE FL - 34743	Change Addition			
TITLE	IRVINE PROSPERE VICE PRESIDENT	21 TITLE	IRVINE PROSPERE (V. PRESIDENT)	Change Addition			
NAME	IRVINE PROSPERE	22 NAME	IRVINE PROSPERE	Change Addition			
STREET ADDRESS	5825 PLUMWOOD & ORLANDO	23 STREET ADDRESS	5825 PLUMWOOD &	Change Addition			
CITY-ST-ZIP	ORLANDO FL - 32810	24 CITY-ST-ZIP	ORLANDO FL - 32810	Change Addition			
TITLE	YOLANDE HALLS (PRES)	31 TITLE	MORAIMA MEDINA (SECRETARY)	Change Addition			
NAME	YOLANDE HALLS	32 NAME	MORAIMA MEDINA	Change Addition			
STREET ADDRESS	3604 MEADOWBROOK AVE	33 STREET ADDRESS	2406 BRADSHAW DR	Change Addition			
CITY-ST-ZIP	ORLANDO FL - 32808	34 CITY-ST-ZIP	KISSIMMEE FL - 34743	Change Addition			
TITLE	KELVIN HALLS	41 TITLE		Change Addition			
NAME	KELVIN HALLS	42 NAME		Change Addition			
STREET ADDRESS	3604 MEADOWBROOK AVE	43 STREET ADDRESS		Change Addition			
CITY-ST-ZIP	ORLANDO FL - 32808	44 CITY-ST-ZIP		Change Addition			
TITLE		51 TITLE		Change Addition			
NAME		52 NAME		Change Addition			
STREET ADDRESS		53 STREET ADDRESS		Change Addition			
CITY-ST-ZIP		54 CITY-ST-ZIP		Change Addition			
TITLE		61 TITLE		Change Addition			
NAME		62 NAME		Change Addition			
STREET ADDRESS		63 STREET ADDRESS		Change Addition			
CITY-ST-ZIP		64 CITY-ST-ZIP		Change Addition			

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: Joan A. Grant DATE: 7-17-97 (407) 298-6432
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)