Applied For

Fee Required

\$5:00 May Be Added to Fees

Not Applicable \$8.75 Additional

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **S44570**

1. Corporation Name

23

24

Zip

HAPPY ACRES CHILD CARE INC

| Principal Place of Business                    | Mailing Address                                |  |  |  |
|------------------------------------------------|------------------------------------------------|--|--|--|
| 3604 MEADOWBROOK AVE<br>ORLANDO FL 32808<br>US | 3604 MEADOWBROOK AVE<br>ORLANDO FL 32808<br>US |  |  |  |
| 2. Principal Place of Business                 | 2a. Mailing Address 26                         |  |  |  |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc.                            |  |  |  |

Zip

29

25 9. Name and Address of Current Registered Agent 2

Country

GRANT, JOAN A 328 PLUMWOOD CIRCLE

## Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90199 025 \*\*\*150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

04/09/1991

5. Certifcate of Status Desired

Trust Fund Contribution

Personal Property Tax.

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

4. FEI Number 59-3099362

82 Street Address (P.O. Box Number is Not Acceptable)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | LUMITOUD CINCLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |        |           |                    |                                    |                    |           |         |            |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------|-----------|--------------------|------------------------------------|--------------------|-----------|---------|------------|--|--|
| . KISS                                                                                                                                                                                                                                                                                                                                                                                                                                                          | IMMEE FL 34743.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 83                 |        |           |                    |                                    |                    |           |         |            |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | The state of the s | 84                 | Ci     | tv        |                    |                                    |                    | 85        | Zip Co  | de         |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | "                  | 0,     | · y       |                    |                                    | FL                 |           | _,,     |            |  |  |
| 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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |        |           |                    |                                    |                    |           |         |            |  |  |
| 12.                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 13.                |        |           | ADDITIONS          | /CHANGES TO                        | OFFICERS AN        |           |         |            |  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                           | P DELETE 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1.1 TITLE          |        |           |                    |                                    |                    | ☐ Cha     | nge     | Addition   |  |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                            | -GRANT, JOAN A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1.2 NAME           |        |           |                    |                                    |                    |           |         |            |  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 328 PLUMWOOD CIRCLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 3 STREE            | TADDI  | RESS      |                    |                                    |                    |           |         |            |  |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                     | KISSIMMEE FL 34743                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 4 CITY-S           | T-ZIP  |           | •                  | 2 -                                |                    |           | _       |            |  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                           | VP ZELETE 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2.1 TITLE          |        | 1         | ROSPER<br>SARE PO  | R 4310                             | 5N T               | Cha       | nge     | Addition   |  |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                            | PROSPERE, IRENE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2.2 NAME           |        |           | しゃのりりしゃ            | E TRE                              | FNE                |           |         |            |  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 5825 PONDWOOD CT.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2.3 STREET         |        | RESS 3    | 5N&\$ PQ           | NONO                               | 00 40              | リルフ       | •       |            |  |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ORLANDO FL 32810 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 2.4 CITY-ST-ZIP    |        | • 4       | ORLANDO            | 0- FL                              | 322                | Ð         |         |            |  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                           | S, DELETE 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1 TITLE            |        |           |                    |                                    | •                  | ☐ Cha     | nge     | Addition   |  |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                            | MEDINA, MORÁIMA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2 NAME             |        |           | -                  |                                    |                    |           |         |            |  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2406 BRAEMAR DR.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 3 STREE            | TADD   | RESS      |                    |                                    |                    |           |         | }          |  |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                     | KISSIMMEE FL 34743                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 4 CITY-S           | ST-ZIP |           |                    |                                    |                    |           |         |            |  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                           | T □ DELETE 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | .1 TITLE           |        | 1         |                    |                                    |                    | ☐ Cha     | пде     | ☐ Addition |  |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                            | AMBERSLEY, MILLICENT 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2 NAME             |        | - 1       |                    |                                    |                    |           |         | ŀ          |  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 200 COMPETITION DRIVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | .3 STREE           | TADO   | RESS      |                    |                                    |                    |           |         | 1          |  |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                     | KISSIMMEE FL 34743                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 4.4 CITY-5         |        | _         |                    |                                    |                    |           |         |            |  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                           | M DELETE 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1 TITLE            |        |           |                    |                                    |                    | ☐ Cha     | inge    | Addition i |  |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                            | HAYNES, LEILA 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2 NAME             |        |           |                    |                                    |                    |           |         |            |  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 328 PLUMWOOD CIRCLE 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 5.3 STREET ADDRESS |        |           |                    |                                    |                    |           |         |            |  |  |
| CITY-ST-ZÎP                                                                                                                                                                                                                                                                                                                                                                                                                                                     | KIOOHVIMILE I E 04740                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 4 CITY-S           | T-ZIP  |           |                    |                                    |                    |           |         |            |  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                           | M DELETE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 6.1 TITLE          |        |           |                    |                                    |                    | Cha       | inge    | Addition   |  |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                            | THUMAS, MUNICA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 2 NAME             |        |           |                    |                                    |                    |           |         | Í          |  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                  | , 4859 NORWALK PLACE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | .3 STREE           | TADD   | RESS      |                    |                                    |                    |           |         | j          |  |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                     | UNLANDU I L JZGGG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 4 CITY-S           | -      |           |                    |                                    |                    |           |         |            |  |  |
| 14. I hereby o                                                                                                                                                                                                                                                                                                                                                                                                                                                  | certify that the information supplied with this filing does not qualify for the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | exempt             | tion s | stated in | Section 119.07(3)( | <ol> <li>Florida Statut</li> </ol> | tes. I further cer | tify that | the inf | ormation   |  |  |

Country

30

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, with all other like empowered.