FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **S48435** **(9)**

1. Corporate Name

ENYAW PRE-SCHOOL & DAYCARE CENTER, INC.

Principal Place of Business

1125 CALVARY RD.
HOLIDAY FL 34691

Mailing Address

1125 CALVARY RD.
HOLIDAY FL 34691

2. Principal Place of Business

21
Suite Apartment
22
City & State
23
Zip 24 Country 25

2a. Mailing Address

26
Suite Apartment
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: **04/25/1991**

3a. Date of Last Report: **01/19/1995**

4. FEI Number: **59-3068737** Applied For / Not Applicable

5. Certificate of Status Desired [X] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This Corporation has Liability for Intangible Tax Under Chapter 199 of Florida Statutes [X] Yes [ ] No

9. Name and Address of Current Registered Agent

PLATTEBORZE, MARGARET
1125 CALVARY RD.
HOLIDAY FL 34691

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. For the Corporation to accept service of process within Florida under Section 48.091, Florida Statutes, the undersigned corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such corporation agrees that it will keep the office open at the place designated for service of process for the entire year of its registration, and that it will comply with the provisions of all extensions of service of process in compliance with Florida Statutes.

SIGNATURE: Margaret Plattebourze V Pres 1/00/96

12. OFFICERS AND DIRECTORS

P [ ] Delete
PLATTEBORZE, WAYNE
1125 CALVARY RD.
HOLIDAY FL
VST [ ] Delete
PLATTEBORZE, MARGARET
1125 CALVARY RD.
HOLIDAY FL
[ ] Delete
[ ] Delete
[ ] Delete
[ ] Delete
[ ] Delete

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

[ ] Change [ ] Add
[ ] Change [ ] Add
[ ] Change [ ] Add
[ ] Change [ ] Add
[ ] Change [ ] Add
[ ] Change [ ] Add

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a director or officer 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 is added in Block 13 if an officer or director to be added is being named.

SIGNATURE: Margaret Plattebourze 1/00/96 813-938-4148

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone Number

CR2E034 (12/95)