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 # **S77120** **(1)**

1. Corporation Name

ABBATE'S DAYCARE, INC.

Principal Place of Business	Mailing Address
~~7663-1 BLANDING BLVD~~ ~~JACKSONVILLE FL 32244~~	~~7663-1 BLANDING BLVD~~ ~~JACKSONVILLE FL 32244~~

3. Date Incorporated or Qualified: **08/29/1991**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-3083425** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$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 s 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 349 BLANDING BLVD	26 349 BLANDING BLVD
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 ORANGE PARK, FL.	28 ORANGE PARK, FL.
24 Zip 32073 / 25 Country CLAY	29 Zip 32073 / 30 Country CLAY

9. Name and Address of Current Registered Agent

~~ABBATE, ELIZABETH~~
~~7663-1 BLANDING BLVD~~
~~JACKSONVILLE FL 32244~~

10. Name and Address of New Registered Agent

81 Name: ELIZABETH ABBATE
82 Street Address (P.O. Box Number is Not Acceptable): 349 BLANDING BLVD
83
84 City: ORANGE PARK. FL 85 Zip Code: 32073

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: Elizabeth Abbate — DATE: 4/1/96

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ABBATE, ELIZABETH		1.2 NAME		
STREET ADDRESS	7663-1 BLANDING BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP		
TITLE	~~V~~	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	~~ABBATE, MARLENE~~		2.2 NAME		
STREET ADDRESS	3039 SABAL PALM DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE	T, V	☒ Change ☐ Addition
NAME	ABBATE, RONALD		3.2 NAME	ABBATE, RONALD	
STREET ADDRESS	2155 DERRINGER CIRCLE E		3.3 STREET ADDRESS	2155 DERRINGER CIR. E.	
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	JAX, FL 32225	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Elizabeth Abbate — 4/1/96 (Date) — 276-9988 (Daytime Phone #)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR