SECOND NOTICE/CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. ÁMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

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PROFIT FLORIDA DEPARTMENT OF STATE FILED **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State 97 AUG -8 AM 9:27 1997 **DIVISION OF CORPORATIONS** DOCUMENT # V08270 (3) SECRETARY OF STATE TALLAHASSEE, FLORIDA LITTLE ANGELS CHILD CARE, INC. Principal Place of Business Mailing Address 1340 CLASSIC DR 4709 CURRYFORD ROAD LONGWOOD FL 32779 ORLANDO FL 32812 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 01/22/1992 Principal Place of Business 2a. Mailing Address Applied For 21 59-3102059 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Added to Fees Trust Fund Contribution Ζip Country Zip Country 8. This corporation owes or has paid the current year Intangible ☐ Yes 24 30 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** LEE, MYONG K. Name 1340 CLASSIC DR 82 Street Address (P.O. Box Number is Not Acceptable) LONGWOOD FL 32779 83 84 Zip Code 11. Pursuant to the provisions of Soctions 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 em familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstaling) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change TITLE 1.1 TiTLE Addition YOO, JUNE C. NAME 1.2 NAME 1340 CLASSIC DR STREET ADDRESS 1.3 STREET ADDRESS LONGWOOD FL CITY-ST-2IP 1.4 CITY - S1 - ZIP D DELETE Change Addition TITLE 2.1 TITLE YOO, STANLEY S. NAME 2.2 NAME 1340 CLASSIC DR 600002267996---08/15/97--01022--006 STREET ADDRESS 2.3 STREET ADDRESS LONGWOOD FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE ****173.75 【非常来的 75] 學明ion NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - \$7 - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 54 CHY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.



LITTLE ANGELS CHILD CARE, INC.



7- 29- 97

Florida Vepartment B State
Oivision & Corporations
Annual Report

Please be Advise check Mailed in May 1997.

Called 1-29-97 was advised you had Not Received.

For Phone Instructions Enclosed check for 165.00 plus \$ 8.75 + Total 173.75

Respectfully.

Little Angels Child LARLENCE

Show St. XIANCE

Subject Man.

4709 Curry Ford Road, Orlando, Florida 32812 Telephone: (407) 381-2247 Fax: (407) 381-2598