FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # **V24890**

(8)

KALEIDOSCOPE EARLY LEARNING CENTERS, INC. Principal Place of Business Mailing Address						
Principal Place of Business 6460 W ATLANTIC BLVD MARGATE FL 33063 US Mailing Address 3610 YACHT CLUB DRIV SUITE 1402 N. MIAMI BEACH FL 33				3. Date Incorporated or Qualified 3a. Date of Last Report		
- D				03/30/1992 4. FEI Number	05/25/1995	
2. Principal Plac	be of Business	2a. Mailing Address		65-0328974	Applied For Not Applicable	
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23	Canala	28	Т о	Trust Fund Contribution	Added to Fees	
Ζιρ 24	Country 25	Ζιρ 29	Country 30	8. This corporation has liability for Elorida Statutes	ir intangible tax under s. 199.032, es.: ∏No	
:4	9. Name and Address of Currer		- 1301 - T	10. Name and Address of New		
			B1 Name ∧	Mathe Paretter	ALGUTE TO	
ATLANTIS REGISTERD AGENTS INC.			82 Street Addr	" Atlantis Kegisterod AGENTS, Tuc Haddress (P.O. Box Number is Not Acceptable) 5355 Town Center Ka.		
25 S.E. 2			5'3	55 Town Center K	d	
SUITE 91	19		83	uite 301		
miami fl	. 33131	i C			85 Zip Code	
44 5	0.7070707	10074606 51-11-64-1		OCA RATON, FL	FL 33486	
or registered	d agent, or both, in the State of Flori , and accept the obligations of, Sect	da. Such change was authorz ion 607.0505, Florida Statutes	red by the corporation's blooms.		pointment as registered agent. Lam	
	gnature, typed or printed name of registered equal		OTE: Bugistered Ages I signature resemb		CARL	
12.	OFFICERS AN	DELETE	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12 Change Addition	
NAME	d Damsky, gerald R.		1.2 NAME			
STREET ADDRESS	3610 YACHT CLUB DR.,140	,	13 STREET ADDRESS			
CITY - S1 - ZIP	N. MIAMI BEACH FL	-	14 CilY-S7-7iP			
TITLE	D	☐ DELETE	2 1 TITLE		Change Addition	
NAME	BREWER, NANCY		2.2 NAME			
STREET ADORESS	542 S. LORRAINE		2.3 STREET ADDRESS			
CITY - ST - ZIP	LOS ANGELES CA		2.4 CITY-\$T-7;P			
TITLE		☐ DELETE	3 1 TITLE		Change Addition	
NAME			3 2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELFIE	3 4 CITY - ST - ZIP 4 1 HTLE		Change Addition	
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4.0∏Y-S!-7i₽			
TITLE		DELETE	5 11016	·····	Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5 3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-7iP	.,	Change Cl Addition	
TITLE		☐ DELETE	6 1 10 LF		Change Addition	
NAME CTOCCE ADDRESS			6.2 NAME			
STREET ADDRESS			63 STREET ADDRESS			
certify that t oath; that I a	be information indicated on this annu	ual report or supplemental and tration or the receiver or truste	nual report is true and accura se empowered to execute thi	or the exemption stated in Section 11 ite and that my signature shall have the s report as required by Chapter 607,	ne same legal effect as if made under	

SIGNATURE: __

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-96

954-977-9311 Continue Priorie 1