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May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **V27806** (1)
1. Corporation Name:
CHILDREN'S GARDEN LEARNING CENTERS, INC.



Principal Place of Business
**10023 UNIVERSITY BLVD
ORLANDO FL 32817**

Mailing Address
**10023 UNIVERSITY BLVD
ORLANDO FL 32817-1902**

3. Date Incorporated or Qualified 04/07/1992	3a. Date of Last Report 07/17/1996
4. FEI Number 59-3122614	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 1617 Sultan Circle Suite, Apt. #, etc. 22	2a. Mailing Address 26 1617 Sultan Circle Suite, Apt. #, etc. 27
City & State 23 Chuluota FL	City & State 28 Chuluota FL
Zip 24 32766	Country 25 USA
Zip 29 32766	Country 30 USA

9. Name and Address of Current Registered Agent
**ANDERSON, CANDACE L
1617 SULTAN CIRCLE
CHULUOTA FL 32766**

81 Name	10. Name and Address of New Registered Agent
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code 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)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, CANDACE L.	1.2 NAME	Anderson, Candace L.
STREET ADDRESS	116 DEERWOOD AVE. NORTH	1.3 STREET ADDRESS	1617 Sultan Circle
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Chuluota FL 32766
TITLE	PST <input type="checkbox"/> DELETE	2.1 TITLE	PST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, CANDACE L.	2.2 NAME	Anderson, Candace L.
STREET ADDRESS	116 DEERWOOD AVE. NORTH	2.3 STREET ADDRESS	1617 Sultan Circle
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Chuluota FL 32766
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, STEPHEN R.	3.2 NAME	Anderson, Stephen R.
STREET ADDRESS	116 DEERWOOD AVE. NORTH	3.3 STREET ADDRESS	1617 Sultan Circle
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	Chuluota FL 32766
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 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.

SIGNATURE: Candace Anderson 4-26-97 (407) 977-8348
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #