

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

CORPORATION
ANNUAL REPORT
1995



CLERK OF THE DEPARTMENT OF STATE
CORPORATION DIVISION
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

MAY 11 AM 11:25

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # **V34042** (4)
CHILD CARE FRANCHISE GROUP, INC.

Principal Office: 4517 NW 31ST AVE FT LAUDERDALE FL 33309
 Mailing Office: 4517 NW 31ST AVE FT LAUDERDALE FL 33309

3. Date incorporated and dissolved: 05/05/1992
 3a. Date of Last Report: 02/11/1994
 4. File Number: 65-0327099
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Concerning Funding Trust Fund Contribution: \$5.00 May Be Added to Fees
 6. This corporation has submitted independent tax returns for each Florida Statutes: Yes No

21. Mailing Address: Orchard Ridge Corp. Park
 22. Suite Address: Fields Lane Suite 201
 23. City & State: Brewster, NY
 24. Zip: 10509
 25. Country: [Blank]
 26. Mailing Address: Orchard Ridge Corp. Park
 27. Suite Address: Fields Lane Suite 201
 28. City & State: Brewster N.Y.
 29. Zip: 10509
 30. Country: [Blank]

9. Name and Address of Current Registered Agent
 DAVID L. CHIRAS PA
 4517 NW 31ST AVE
 FT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent
 B1 Name: [Blank]
 B2 Street Address: P.O. Box Number, if Not Acceptable: [Blank]
 B3 [Blank]
 B4 City: [Blank]
 B5 Zip Code: FL

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that the same has been approved by the board of directors of the corporation.

SIGNATURE: [Blank]

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS, DIRECTORS AND OTHER PARTICIPANTS	
NAME: CED WEISSMAN, MICHAEL ADDRESS: 4517 NW 31ST AVE FT LAUDERDALE FL	TYPE: [Blank]	NAME: [Blank] ADDRESS: [Blank]	Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME: VSD WEISSMAN, RICHARD S. ADDRESS: 4517 NW 31ST AVE FT LAUDERDALE FL	TYPE: [Blank]	NAME: [Blank] ADDRESS: [Blank]	Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME: PD ALPERT, MICHAEL ADDRESS: RT 6 BREWSTER NY	TYPE: [Blank]	NAME: [Blank] ADDRESS: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: VD ALPERT, CRAIG ADDRESS: RT 6 BREWSTER NY	TYPE: [Blank]	NAME: [Blank] ADDRESS: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: TD ALPERT, DEAN ADDRESS: RT 6 BREWSTER NY	TYPE: [Blank]	NAME: [Blank] ADDRESS: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SD WEISSMAN, LINDA ADDRESS: 4517 N.W. 31ST AVE FT. LAUDERDALE FL 33309	TYPE: [Blank]	NAME: [Blank] ADDRESS: [Blank]	Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/>

14. I, the undersigned, do hereby certify that the information furnished with this filing is true and correct to the best of my knowledge and belief, and that the same has been approved by the board of directors of the corporation.

SIGNATURE: *Michael Alpert*
 SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

4/25/95 914-276-3101