

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

CORPORATION  
ANNUAL REPORT  
**1995**



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

APPROVED  
AND  
FILED

95 APR 26 PM 1:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **V37224**

(5)

1. Corporation Name

**NEW HORIZONS CHILD CARE, INC.**

Principal Place of Business

724 HASTINGS STR  
ORLANDO FL 32808  
US

Mailing Address

PO BOX 91612  
LONGWOOD FL 32701  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

26 Mailing Address

26 Suite, Apt. #, etc.

22 City & State

23 Zip

City & State

28 Country

24 Zip

29 Country

30 Zip

9. Name and Address of Current Registered Agent

MENDEL, SIMON J  
724 HASTINGS STR  
ORLANDO FL 32808

DO NOT WRITE IN THIS SPACE  
3. Date Incorporated or Qualified      3a. Date of Last Report  
05/15/1992      04/28/1994

4. FEI Number      5. Certificate of Status Desired      6. Election Campaign Financing  
59-3123769       Yes       No

\$8.75 Additional  
Fee Required      \$5.00 May Be  
Added to Fees

7. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes       Yes       No

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number Is Not Acceptable)
83	
84	City
85	Zip Code

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 remitting)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENDEL, SIMON J	12 NAME	
STREET ADDRESS	561 TWISTING PINE COURT	13 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	14 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENDEL, NANCY	22 NAME	
STREET ADDRESS	561 TWISTING PINE CT	23 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	24 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 110.07(3)(a), Florida Statute. 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:

SIMON J MENDEL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-95 (407)682-0947

Date

Daytime Phone #

0001036 CP