FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 APR 26 AM 8:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V48831** **(4)**

1. Corporation Name
PRIME-TIME CHILD CARE SERVICES, INC.

Principal Place of Business	Mailing Address
~~4517 NW 31ST AVENUE~~ 24290 HATTERAS ST. ~~FORT LAUDERDALE FL 33309~~ SUITE 410 WOODLAND HILLS, CA. 91367	~~4517 NW 31ST AVENUE~~ 24290 HATTERAS ST. ~~FORT LAUDERDALE FL 33309~~ SUITE 410 WOODLAND HILLS, CA. 91367

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business (21) 24290 HATTERAS ST. Suite, Apt. #, etc. (22) SUITE 410 City & State (23) WOODLAND HILLS, CA. Zip (24) 91367 County (25) L.A.	2a. Mailing Address (26) 24290 HATTERAS ST. Suite, Apt. #, etc. (27) SUITE 410 City & State (28) WOODLAND HILLS, CA. Zip (29) 91367 County (30) L.A.
3. Date Incorporated or Qualified: 07/06/1992	3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0344950	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~CHIRAS, DAVID L. 4517 N.W. 31ST AVENUE FORT LAUDERDALE FL 33309~~ KENNETH W. ROGERS 24290 HATTERAS ST. SUITE 410 WOODLAND HILLS, CA. 91367	(81) Name: KENNETH W. ROGERS (82) Street Address (P.O. Box Number is Not Acceptable): 24290 HATTERAS ST., SUITE 410 (83) WOODLAND HILLS, CA. 91367 (84) City: FL (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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	ROGERS, KENNETH	12 NAME	
STREET ADDRESS	6320 CANOGA AVE #410	13 STREET ADDRESS	
CITY-ST-ZIP	WOODLAND HILLS CA	14 CITY-ST-ZIP	
TITLE	VTD	21 TITLE	☐ Change ☐ Addition
NAME	ROGERS, CLAUDETTE	22 NAME	
STREET ADDRESS	6320 CANOGA AVE #410	23 STREET ADDRESS	
CITY-ST-ZIP	WOODLAND HILLS CA	24 CITY-ST-ZIP	
TITLE	~~SD~~	31 TITLE	☐ Change ☐ Addition
NAME	~~STAHL, ALAN~~	32 NAME	
STREET ADDRESS	6320 CANOGA AVE. #1750	33 STREET ADDRESS	NO LONGER INVOLVED
CITY-ST-ZIP	WOODLAND HILLS CA	34 CITY-ST-ZIP	
TITLE	~~VD~~	41 TITLE	☐ Change ☐ Addition
NAME	STAHL, DEBBIE	42 NAME	" " "
STREET ADDRESS	6320 CANOGA AVE, #1750	43 STREET ADDRESS	
CITY-ST-ZIP	WOODLAND HILLS CA	44 CITY-ST-ZIP	
TITLE	CD	51 TITLE	☐ Change ☐ Addition
NAME	WEISSMAN, MICHAEL	52 NAME	" " "
STREET ADDRESS	4517 NW 31ST AVE.	53 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	54 CITY-ST-ZIP	
TITLE	~~VD~~	61 TITLE	☐ Change ☐ Addition
NAME	WEISSMAN, RICHARD	62 NAME	" " "
STREET ADDRESS	4517 NW 31ST AVE.	63 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	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 119.07(3)(k), 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: KENNETH W. ROGERS Kenneth W. Rogers 4-19-95 1-800-367-0049
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0810044 CP