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 MAY -1 AM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # **V48834** **(8)**

1. Corporate Name
AMERICAN CHILD CARE SERVICES, INC.

Principal Place of Business
4517 N.W. 31ST AVENUE
FORT LAUDERDALE FL 33309

Mailing Address
4517 N.W. 31ST AVENUE
FORT LAUDERDALE FL 33309

3. Date Incorporated or Qualified: **07/06/1992**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
County — 25 / 30

4. FEI Number: **65-0344953** — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. The corporation has filed its annual report for calendar year 1992 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
CHIRAS, DAVID L.
4517 N.W. 31ST AVENUE
FORT LAUDERDALE FL 33309

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

11. Pursuant to the provisions of Sections 607.0902 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 of Registered Agent or Registered Agent's attorney required) (If Registered Agent signature required after resignation) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	RENDON, GEORGE	12 NAME	
STREET ADDRESS	1301 DOVE STREET #390	13 STREET ADDRESS	
CITY ST ZIP	NEW PORT BEACH CA	14 CITY ST ZIP	
TITLE	VTD	21 TITLE	☐ Change ☐ Addition
NAME	RENDON, POLLY	22 NAME	
STREET ADDRESS	1301 DOVE STREET #390	23 STREET ADDRESS	
CITY ST ZIP	NEW PORT BEACH 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	
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	CEOD	51 TITLE	☐ Change ☐ Addition
NAME	WEISSMAN, MICHAEL	52 NAME	
STREET ADDRESS	4517 NW 31ST AVE	53 STREET ADDRESS	
CITY ST ZIP	FORT 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	FORT 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. Further I 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added by attachment with an address.

SIGNATURE: Richard Weissman, V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/27/95 Daytime Phone: (305) 730-0332

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