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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **V48834** (8)

1. Corporation 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**

FILED

96 MAY -1 PM 3:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

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  
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 re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	<b>RENDON, GEORGE</b>	1.2 NAME	
STREET ADDRESS	<b>1301 DOVE STREET #390</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW PORT BEACH CA</b>	1.4 CITY-ST-ZIP	
TITLE	VTD	2.1 TITLE	
NAME	<b>RENDON, POLLY</b>	2.2 NAME	
STREET ADDRESS	<b>1301 DOVE STREET #390</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW PORT BEACH CA</b>	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	<b>STAHL, ALAN</b>	3.2 NAME	
STREET ADDRESS	<b>6320 CANOGA AVE #1750</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WOODLAND HILLS CA</b>	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	
NAME	<b>STAHL, DEBBIE</b>	4.2 NAME	
STREET ADDRESS	<b>6320 CANOGA AVE #1750</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WOODLAND HILLS CA</b>	4.4 CITY-ST-ZIP	
TITLE	CEO	5.1 TITLE	
NAME	<b>WEISSMAN, MICHAEL</b>	5.2 NAME	
STREET ADDRESS	<b>4517 NW 31ST AVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL</b>	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	
NAME	<b>WEISSMAN, RICHARD</b>	6.2 NAME	
STREET ADDRESS	<b>4517 NW 31ST AVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL</b>	6.4 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 30-96 305-730-0332

Date

Daytime Phone #

CR2E034 (12/95)