

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 OCT -9 PM 2:03

DOCUMENT # V48834 (8)
1. Corporation Name

AMERICAN CHILD CARE SERVICES, INC.

Principal Place of Business

Mailing Address

~~4517 NW 31st Avenue~~
~~Ft. Lauderdale, FL~~
~~33309~~

~~4517 N.W. 31st Avenue~~
~~Ft. Lauderdale, FL~~
~~33309~~

3. Date Incorporated or Qualified 07/06/1992
3a. Date of Last Report 05/01/1996

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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

2a. Mailing Address

21 621 NW 53rd Street
Suite, Apt. #, etc.

26 621 NW 53rd Street
Suite, Apt. #, etc.

22 Suite 450
City & State

27 Suite 450
City & State

23 Boca Raton, FL
Zip

28 Boca Raton, FL
Zip

24 33487

25 Palm Beach

29 33487

30 Palm Beach

9. Name and Address of Current Registered Agent

~~CHIRAS, DAVID L.~~
~~4517 N.W. 31st Avenue~~
~~Fort Lauderdale, FL 33309~~

81 Name Neesa B. Warlen, Esq.
82 Street Address (P.O. Box Number is Not Acceptable) 621 NW 53rd Street
83 Suite 450
84 City Boca Raton FL 85 Zip Code 33487

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 reappointing)

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Add

OFFICERS AND DIRECTORS

12. TITLE PD
NAME Rendon, George
STREET ADDRESS 1301 Dove Street #390
CITY-ST-ZIP New Port Beach, CA ☐ DELETE

TITLE VTD
NAME Rendon, Polly
STREET ADDRESS 1301 Dove Street, #390
CITY-ST-ZIP New Port Beach, CA ☐ DELETE

TITLE SD
NAME ~~Stahl, Alan~~
STREET ADDRESS ~~6320 Canoga Avenue #1750~~
CITY-ST-ZIP ~~Woodland Hills, CA~~ ☒ DELETE

TITLE VD
NAME ~~Stahl, Debbie~~
STREET ADDRESS ~~6320 Canoga Avenue #1750~~
CITY-ST-ZIP ~~Woodland Hills, CA~~ ☒ DELETE

TITLE CEO
NAME Weissman, Michael
STREET ADDRESS ~~4517 NW 31st Avenue~~
CITY-ST-ZIP ~~Fort Lauderdale, FL~~ ☐ DELETE

TITLE VD
NAME Weissman, Richard
STREET ADDRESS 4517 NW 31st Avenue
CITY-ST-ZIP Fort Lauderdale, FL ☐ DELETE

13. 1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

600002319846--2
-10/14/97--01039--001
***2316.25 ***\$550.00

Validated - 550.00

JOHN FLOEGL
621 NW 53rd Street, #450
Boca Raton, FL 33487

621 NW 53rd Street, #450
Boca Raton, FL 33487

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 o I am an officer or director of the corporation or the recorder 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 otherwise changed with an address.

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Fee Required

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Trust Fund Contribution

☐

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Florida Statutes

☐

Yes

☐

No

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10. Name and Address of New Registered Agent

~~CHIRAS, DAVID B.~~
~~4517 N.W. 31st Avenue~~
~~Fort Lauderdale, FL 33309~~

81 Name

Neesa B. Warlen, Esq.

82 Street Address (P.O. Box Number is Not Acceptable)

621 NW 53rd Street

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Suite 450

84 City

Boca Raton

FL

85 Zip Code

33487

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SIGNATURE

Signature typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

8/13/97

12. OFFICERS AND DIRECTORS	
TITLE	PD ☐ DELETE
NAME	Rendon, George
STREET ADDRESS	1301 Dove Street #390
CITY-ST-ZIP	New Port Beach, CA
TITLE	VPD ☐ DELETE
NAME	Rendon, Polly
STREET ADDRESS	1301 Dove Street, #390
CITY-ST-ZIP	New Port Beach, CA
TITLE	SD ☒ DELETE
NAME	Stahl, Alan
STREET ADDRESS	8320 Canoga Avenue #1750
CITY-ST-ZIP	Woodland Hills, CA
TITLE	VP ☒ DELETE
NAME	Stahl, Debbie
STREET ADDRESS	8320 Canoga Avenue #1750
CITY-ST-ZIP	Woodland Hills, CA
TITLE	CEO ☒ DELETE
NAME	Weissman, Michael
STREET ADDRESS	4517 NW 31st Avenue
CITY-ST-ZIP	Fort Lauderdale, FL
TITLE	VP ☐ DELETE
NAME	Weissman, Richard
STREET ADDRESS	4517 NW 31st Avenue
CITY-ST-ZIP	Fort Lauderdale, FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Add
1.2 NAME	600002319846--2
1.3 STREET ADDRESS	-10/14/97--01039--001
1.4 CITY-ST-ZIP	***2316.25 ***\$550.00
2.1 TITLE	☐ Change ☐ Add
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Add
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Add
4.2 NAME	KWM
4.3 STREET ADDRESS	Validated - \$550.00
4.4 CITY-ST-ZIP	
5.1 TITLE	☒ Change ☐ Add
5.2 NAME	JOHN FLOEGEL
5.3 STREET ADDRESS	621 NW 53rd Street, #450
5.4 CITY-ST-ZIP	Boca Raton, FL 33487
6.1 TITLE	☒ Change ☐ Add
6.2 NAME	
6.3 STREET ADDRESS	621 NW 53rd Street, #450
6.4 CITY-ST-ZIP	Boca Raton, FL 33487

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 o 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 (changed or other attachment with an address).