


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

PROXY CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V48834** (8)
1. Corporation Name
AMERICAN CHILD CARE SERVICES, INC.

Principal Place of Business 621 NW 53RD ST., STE. 450 BOCA RATON FL 33487	Mailing Address 621 NW 53RD ST., STE. 450 BOCA RATON FL 33487
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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. Zip
24. Country	29. Country
25. Country	30. Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/06/1992	
4. FEI Number 65-0344953	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent WARLEN, NEESA B ESQ. 621 53RD ST., STE. 450 BOCA RATON FL 33487	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
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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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RENDON, GEORGE	1.2 NAME	
STREET ADDRESS	1301 DOVE STREET #390	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT BEACH CA	1.4 CITY-ST-ZIP	000002678730-9
TITLE	VTD <input type="checkbox"/> DELETE	2.1 TITLE	-11/03/98-01031-012
NAME	RENDON, GEORGE	2.2 NAME	****150.00 ****150.00
STREET ADDRESS	1301 DOVE STREET #390	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT BEACH CA	2.4 CITY-ST-ZIP	
TITLE	CEO <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOEGEL, JOHN	3.2 NAME	
STREET ADDRESS	621 NW 53RD ST., #450	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33487	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISSMAN, RICHARD	4.2 NAME	
STREET ADDRESS	621 NW 53RD ST., #450	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33487	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 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: _____

3/16/98 (561) 994-6226

FILED

98 OCT 30 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E034 (10/97)



October ²³~~12~~, 1998

Secretary of State
P.O. Box 6327
Tallahassee, FL 32314
Attn: Tyrone Scott

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Re: American Child Care Services, Inc.

Dear Mr. Scott:

Pursuant to our telephone conversation of this date, enclosed please find an original Profit Corporation Annual Report for 1998 which was originally submitted to the Secretary of State under cover letter dated April 21, 1998, (a copy of the April 21, 1998 letter is enclosed for your easy reference). On June 1, 1998 the Annual Report was returned to our office stating the fee to file was \$150.00.

As you can see from our April 21, 1998 letter, our office enclosed a check in the amount of \$2,400.00 for 16 Annual Reports to be filed (one of which being American Child Care Services, Inc.).

Enclosed please find our check in the amount of \$150.00 to cover the cost of the 1998 Annual fee. Pursuant to my conversation with you, you are waiving the \$400.00 late fee due to the above information.

Thank you for your attention to this matter. Should you have any questions, please feel free to contact me at my direct line (561) 237-2205.

Very truly yours,

A handwritten signature in cursive script that reads "Donna Pile".

Donna Pile,
Legal Assistant to David Kittay

DP:dlp

One Park Place • 621 N.W. 53rd Street/Suite 450 • Boca Raton, FL 33487
800/275-1235 • 561/994-6226 • FAX # 561/994-2778