

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 18 PM 4:14

DOCUMENT # V63937 (9)
1. Corporation Name
HAPPY TIME CHILD CARE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**200 SOUTH WEST 1ST AVE.
DELRAY BEACH FL 33444** **200 SOUTH WEST 1ST AVE.
DELRAY BEACH FL 33444**

3. Date incorporated or Qualified 3a. Date of Last Report
09/11/1992 **03/07/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		65-0373015		Not Applicable	
Suite, Apt #, etc		Suite, Apt #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27		<input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>	
23		28		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

**CHANEY, WILBUR V.
506 N. E. 5TH AVE.
DELRAY BEACH FL 33483**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
FL	

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)

8801 Registered Agent Signature (required when resigning)

DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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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(1)(b), 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 13, if changed, or any or attached hereto with an address.

SIGNATURE: *Mamie Owen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 12th 1995 (467)
243-3700