

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V63937 (9)

1. Corporation Name

HAPPY TIME CHILD CARE, INC.



Principal Place of Business

**200 SOUTH WEST 1ST AVE.
DELRAY BEACH FL 33444**

Mailing Address

**200 SOUTH WEST 1ST AVE.
DELRAY BEACH FL 33444**

3. Date Incorporated or Qualified

09/11/1992

3a. Date of Last Report

01/18/1995

2. Principal Place of Business

2a. Mailing Address

21 200 S.W. 1ST AVE.

26 200 S.W. 1ST AVE.

4. FEI Number

65-0373015

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

22 City & State

27 City & State

23 DELRAY Bch., FL.

28 DELRAY Bch., FL.

24 33444

29 33444

25 Palm Bch.

30 Palm Bch.

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

FL

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **OWENS, MAMIE NELL**
STREET ADDRESS **148 SW 9TH AVE**
CITY - ST - ZIP **DELRAY BEACH FL**

TITLE **V** ☐ DELETE

NAME **OWENS, NATHANIEL**
STREET ADDRESS **148 SW 9 AVE**
CITY - ST - ZIP **DELRAY Bch FL**

TITLE **ST** ☐ DELETE

NAME **OWENS, PHILLIP**
STREET ADDRESS **4200 CENTRAL PARK PL**
CITY - ST - ZIP **COLLEGE PARK GA**

TITLE **D** ☐ DELETE

NAME **OWENS, DONNIE**
STREET ADDRESS **2638 NE 3 CT**
CITY - ST - ZIP **BOYNTON Bch FL**

TITLE **D** ☐ DELETE

NAME **OWENS, RUDOLPH**
STREET ADDRESS **148 SW 9 AVE**
CITY - ST - ZIP **DELRAY Bch FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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

JAN. 15TH 1996

**(407)
243-3780**

CR2E034 (12/95)