

**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: **21 200 S.W. 1<sup>ST</sup> AVE.**  
22 Suite, Apt. #, etc.:  
23 City & State: **DELRAY Bch., FL.**  
24 Zip: **33444**  
25 Country: **Palm Bch.**  
26 200 S.W. 1<sup>ST</sup> AVE.  
27 Suite, Apt. #, etc.:  
28 DELRAY Bch., FL.  
29 33444  
30 Palm Bch.

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

9. Name and Address of Current Registered Agent  
**CHANEY, WILBUR V.  
506 N. E. 5TH AVE.  
DELRAY BEACH FL 33483**

10. Name and Address of New Registered Agent  
81 Name: **N/A**  
82 Street Address (P.O. Box Number is Not Acceptable): **N/A**  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>OWENS, MAMIE NELL</b>	
STREET ADDRESS	<b>148 SW 9TH AVE</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>OWENS, NATHANIEL</b>	
STREET ADDRESS	<b>148 SW 9 AVE</b>	
CITY-ST-ZIP	<b>DELRAY Bch FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>OWENS, PHILLIP</b>	
STREET ADDRESS	<b>4200 CENTRAL PARK PL</b>	
CITY-ST-ZIP	<b>COLLEGE PARK GA</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>OWENS, DONNIE</b>	
STREET ADDRESS	<b>2638 NE 3 CT</b>	
CITY-ST-ZIP	<b>BOYNTON Bch FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>OWENS, RUDOLPH</b>	
STREET ADDRESS	<b>148 SW 9 AVE</b>	
CITY-ST-ZIP	<b>DELRAY Bch FL</b>	
TITLE		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 Owen* **JAN. 15<sup>TH</sup> 1996** (407) 243-3780  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)