

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

FILED
Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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 SW 1ST AVENUE DELRAY BEACH FL 33444 US**

Mailing Address: **200 SW 1ST AVENUE DELRAY BEACH FL 33444-3634 US**

2. Principal Place of Business: **Same - As Above**

2a. Mailing Address: **Same - As Above**

22. City & State: _____

27. City & State: _____

23. Zip: _____ Country: _____

28. Zip: _____ Country: _____

24. _____ 25. _____ 29. _____ 30. _____

3. Date Incorporated or Qualified: **09/11/1992**

3a. Date of Last Report: **04/29/1996**

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 Numbers 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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

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

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 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: *Mamie Nell Owens* DATE: *4/10/97* (51) 243-370

CR2E034 (9/96)