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FILED
Feb 16 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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 Mailing Address
200 SW 1ST AVENUE 200 SW 1ST AVENUE
DELRAY BEACH FL 33444 DELRAY BEACH FL 33444
US US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Same AS ABOVE.		26 Same AS ABOVE		09/11/1992	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
23 City & State		28 City & State		65-0373015	
24 Zip		29 Zip		5. Certificate of Status Desired	
25 Country		30 Country		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 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 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

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		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Change	Addition
12 NAME		
13 STREET ADDRESS		
14 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 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 on an attachment with an address.

SIGNATURE

[Signature]

2/10/98

(561)

242-370

CR2E034 (10/97)