


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

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
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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 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21. SAME AS ABOVE	26. SAME AS ABOVE
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

3. Date Incorporated or Qualified 09/11/1992	
4. FEI Number 65-0373015	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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. **N/A**

84. City **N/A**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWENS, MAMIE NELL	1.2 NAME	
STREET ADDRESS	148 SW 9TH AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWENS, NATHANIEL	2.2 NAME	
STREET ADDRESS	148 SW 9 AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH FL	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWENS, PHILLIP	3.2 NAME	
STREET ADDRESS	4200 CENTRAL PARK PL	3.3 STREET ADDRESS	
CITY-ST-ZIP	COLLEGE PARK GA	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWENS, DONNIE	4.2 NAME	
STREET ADDRESS	2638 NE 3 CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWENS, RUDOLPH	5.2 NAME	
STREET ADDRESS	148 SW 9 AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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 by on an attachment with an address.

SIGNATURE: _____ (561) 2/16/98 742-370-

CR2E034 (10/97)