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

PROFIT
CORPORATION
ANNUAL REPORT
1998
DOCUMENT #
1, Corporation Name



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

OCUMENT # V64042 (7)
Surporation Name | TOTAL CHILDREN CENTER INC.

THE LITTLE RED TRAIN CHILDREN CENTER, INC.

Mailing Address

400 BASEWOOD LANE ALTAMONTE SPRINGS FL 32701 US

2. Principal Place of Business

SIGNATURE:

Principal Place of Business

1521 BLACK BEAR CT APOPKA FL 32712

2a, Mailing Address

Barne

FILED Apr 22 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

Not Applicable

3. Date Incorporated or Qualified

09/14/1992

59-3148130

Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Required	
City & State		27 City & State			6. Election Campaign Financing \$5.00 May Be	
23		28			1 Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Count	гу	8. This corporation owes or has paid the current year Intangible	
24	25 29		30		Personal Properly Tax due June 30. Yes No	
	g, Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent	
BAF	RNETT, MARIE		8	1 Name		
1521 BLACK BEAR CT. APOPKA FL 32712				82 Streel Address (P.O. Box Number is Not Acceptable)		
В	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 re agent I ar	egistered agent, or buth, in the State c m familiar with, and accept the obligat	l Florida. Such change was a ons of, Section 607,0505, Flo	authorized t orida Statuti	by the corp es.	oration's board of directors. I hereby accept the appointment as registered	
SIGNATURE						
	Signature, hyperfor printed name of registered agent		Registered A	gnni signature r	required when reinstating) DATE	
12.	·	OFFICERS AND DIRECTORS		——- ₁	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D DARWETT MARK	[DECETE	1.1 TITLE		L. Luange L. Adouton	
NAME	BARNETT, MARIE		1.2 NAM			
STREET ADDRESS	1521 BLACK BEAR CT.		1	ET ADDRESS		
CITY-S1-ZIP	APOPKA FL	DELETE	1.4 CITY		Change Addition	
THILE	D PROMAL PERMITEN	T"I DEEF IE	2 1 7171.6		Change Addition	
NAME	BROWN, BERKLEY		22 NAME	i		
STREET ADDRESS	1521 BLACK BEAR CT.			T ADDRESS		
CITY-ST-ZIP	APOPKA FL	DELETE	2 4 CITY		Change Addition	
TITLE		L"1 DECENT	3.1 TITLE		Lij Change Lij Addinon	
NAME			3.2 NAME	i		
STREET ADDRESS				T ADDRESS		
City-St-ZiP TifLE		DELETE	34. CITY		Change Addition	
NAME		tarre	4.2 NAM		onlying Zabirton	
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			4.3 SINE			
THE		DELETE	5 1 THLF	91-7IF	Change Addition	
NAME		- Vector	5.2 NAME		- Stange - Modelin	
STREET ADDRESS			1	T ADDRÉSS		
CITY-ST-ZIP			•	-		
TITLE		DELETE	5 4 CHY-	31 · Ziř	Change Addilion	
NAME			6 2 NAME	1		
STREET ADDRESS				T ADDRESS		
CHTY-ST-ZIP			6.4 City-	1		
14. Thereby c	ertify that the information supplied with	this filing does not qualify fo	r the exem	ption stated	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information	
indicated on this unrual 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 of 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.						