

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthland
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V66579 (6)

1. Corporation Name
GOLDEN BEAR CHILD CARE CENTER, INC.



Principal Place of Business
**421 S GOLDENROD RD
ORLANDO FL 32802**

Mailing Address
**421 S GOLDENROD RD
ORLANDO FL 32802**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified
09/25/1992

3a. Date of Last Report
04/24/1995

4. FEI Number
59-3143859

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
**WILLIAMS, WARREN E
28 W CENTRAL BLVD
ORLANDO FL 32802**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 officer 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 re-stating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CHIRA, MICHELLE D	
STREET ADDRESS	3300 S HIAWASSEE RD, SUITE 107	
CITY-ST-ZIP	ORLANDO FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CHIRA, MICHELLE D	
STREET ADDRESS	3300 S HIAWASSEE RD, SUITE 107	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1	NAME	Michelle Chira Carlton
1	STREET ADDRESS	
1	CITY-ST-ZIP	
2	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2	NAME	Michelle Chira Carlton
2	STREET ADDRESS	
2	CITY-ST-ZIP	
3	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3	NAME	
3	STREET ADDRESS	
3	CITY-ST-ZIP	
4	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4	NAME	
4	STREET ADDRESS	
4	CITY-ST-ZIP	
5	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5	NAME	
5	STREET ADDRESS	
5	CITY-ST-ZIP	
6	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6	NAME	
6	STREET ADDRESS	
6	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 employed 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 my address.

SIGNATURE: *Michelle Chira Carlton* 4/15/96 888-4888
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)