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

PROFIT

FLORIDA DEPARTMENT OF STATE

FILED May 10, 1999 8:00 am Secretary of State

2. Principal Place of Business 3. Principal Place of Business 4. FEI Number 5. 9-212. Principal Place of Business 5. Principal Place of Business 5. Principal Place of Business 5. Principal Place of Status Desired \$8.75 Additional Fee Required For Required Fee Required Fee Required Fee Required Place of Business 5. Principal Place of Status Desired \$5.75 Additional Fee Required Fee Requi		PORATION	Katherine	Harris	Secretary	or State
DOCUMENT # \$ \$5 0 Z 1. Corporation Name Brandts Child Care Center, Inc. Brandts Child Care Center, Inc. Principal Place of Business Mailing Address Same Donat Write In This Space 2. Principal Place of Business 1. Feb Number 2. Principal Place of Business 3. Date incorporated or Qualified 1. Feb Number 2. Principal Place of Business 3. Date incorporated or Qualified 1. Feb Number 2. Principal Place of Business 3. Date incorporated or Qualified 1. Feb Number 2. Principal Place of Business 3. Date incorporated or Qualified 1. Feb Number 3. Date incorporated or Qualified 1. Satisface 3. Date incorporated or Qualified 1. Satisface 3. Date incorporated or Qualified 1. Peb Number 3. Date incorporated or Qualified 1. Satisface 3. Date incorporated or Qualified 4. Feb Number 4. Feb Number 4. Feb Number 5. Date incorporated or Qualified 5. Date incorporated or Qualified 5. Date incorporated or Qualified 6. Elected Control 9. Principal State Augustic 1. Name 1. Nam	ANNU	IUAL REPORT Secretary		State 05-10-1999 90275 037 ***150.00		037 ***150.00
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SAF. August fine, F1 32095 2. Principal Place of Business 2. Applied For Place of Business 2. Suite, Apt. 8, etc. 2. Suite, Apt. 8,	Brandt's Child Care Center, Inc.				23/204 - 60/206 - 7/206	
3. Date Incorporation of Qualified Incorporation Incorp	Principal Place	of Business	Mailing Address		1	
3. Date Incorporated or Qualified 2. Principal Place of Bisinipes 3. Jule Incorporated or Qualified 1. PEL Number 3. Date Incorporated or Qualified 1. PEL Number 3. Date Incorporated or Qualified 3. Page 1. Pel Number 3. Date Incorporated or Qualified 3. Sulfo, Apil. 8, etc. 4. FEI Number 4. FEI Number 5. Sulfo, Apil. 8, etc. 5. Certificate of Salatus Desired 5. Certificate of Salatus Desired 6. Election Campaign Financing 7. Address of New Registered Apam. 4. FEI Number 5. Sulfo, Apil. 8, etc. 5. Certificate of Salatus Desired 6. Election Campaign Financing 7. Address of New Registered Apam. 10. Nume and Address of New Registered Apam. 11. Pursuant to the provisions of Salatus Apil. 8, etc. 12. Free Registered Apam. 13. Sulfo, Apil. 8, etc. 14. City File Sulfo, Apil. 8, etc. 15. Certificate of Salatus Desired 16. Election Campaign Financing 17. Address of New Registered Apam. 18. Address of New Registered Apam. 19. Sulfo, Apil. 8, etc. 10. Sulfo, Apil. 8, etc. 10. Sulf	142	Mosters Dr.	Same			
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Suite, Apt. 8, etc. Suite, Apt. 8, etc.	2. Principal Place of Business 2a. Mailing Address				4. FEI Number	<u> </u>
City & State Strict Address of New Registered Agent Strict Address of Ne						
Trust Fund Contribution	22 27			······································		· · · · · · · · · · · · · · · · · · ·
Same and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address 10. Name		Jugustine Fl.	⊢ ′	-	Trust Fund Contribution -	Added to Fees ~
9. Name and Address of Current Registered Agent Donald J. Sutton 142	Zip. 371)9		—	Country		
Donald J. Sutton 14 A Musters 15 A July Lustine, FI 32095 16 City 17 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 digent 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 sum familiar with, and accept the obligations of, Section 607, 0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I sum 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. OPTIC: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS II 12 MWE DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 MWE STREET ADDRESS OTY: 5T - 2IP DELETE 11 TITLE DELETE 21 TITLE DELETE 21 TITLE DELETE 31 TITLE DELETE 31 TITLE DELETE 41 TITLE DELETE 31 TITLE DELETE 41 TITLE DELETE 41 TITLE DELETE 51 TITLE DELETE 51 TITLE DELETE 51 TITLE DELETE 61 TIT	/			1		l Agent
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11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its 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, 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 and the first applicable. 12	Donald J. Outgon					
T1. 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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. In hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statuter. Such change was authorized by the corporation's board of directors. Inhereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statuter required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 INTILE MAME 12. WAME 13. STREET ADDRESS CITY. ST. ZIP DELETE 11. ITTLE 12. WAME 12. WAME 13. STREET ADDRESS CITY. ST. ZIP DELETE 21. ITTLE 12. WAME 23. STREET ADDRESS CITY. ST. ZIP DELETE 21. ITTLE 12. WAME 23. STREET ADDRESS CITY. ST. ZIP DELETE 24. ITTLE 15. ITTLE 16. Change Addition Addition Addition Addition Addition Addition Addition Addition AMME 17. ST. ZIP DELETE 18. ITTLE 19. Change Addition Addition Addition Addition Addition Addition Addition AMME 19. ITTLE 10. Change Addition Addition Addition Addition Addition Addition ADDITIONS/CHANGES CITY. ST. ZIP Change Addition ADDITIONS/CHANGES CITY. ST. ZIP Change Addition Ad	142 Mosters Dr.					
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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title of applicable. OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE STREET ADDRESS CITY. ST. 2IP DELETE 1.1 TITLE DELETE 1.2 NAME 1.2 NAME 1.3 STREET ADDRESS CITY. ST. 2IP DELETE 1.3 TITLE DELETE 1.4 CITY. ST. 2IP DELETE 2.3 STREET ADDRESS CITY. ST. 2IP DELETE 3.1 TITLE DELETE 3.2 NAME 3.3 STREET ADDRESS CITY. ST. 2IP DELETE 4.1 TITLE DELETE 4.2 TITLE DELETE 4.1 TITLE DELETE 4.2 NAME 3.3 STREET ADDRESS CITY. ST. 2IP TITLE DELETE 4.1 TITLE DELETE 4.2 NAME 3.3 STREET ADDRESS CITY. ST. 2IP TITLE DELETE 4.1 TITLE DELETE 4.2 NAME 3.3 STREET ADDRESS CITY. ST. 2IP TITLE DELETE 4.1 TITLE DELETE 4.2 NAME 3.3 STREET ADDRESS CITY. ST. 2IP TITLE DELETE 4.1 TITLE DELETE 4.2 NAME 3.3 STREET ADDRESS CITY. ST. 2IP TITLE DELETE 5.1 TITLE DELETE 5.2 NAME 5.3 STREET ADDRESS CITY. ST. 2IP TITLE DELETE 5.4 CITY. ST. 2IP TITLE DELETE 5.5 NAME 5.5 STREET ADDRESS CITY. ST. 2IP TITLE DELETE 5.1 TITLE DELETE 5.2 NAME 5.3 STREET ADDRESS CITY. ST. 2IP TITLE DELETE 5.4 CITY. ST. 2IP TITLE DELETE 5.5 NAME 5.5 CITY. ST. 2IP TITLE DELETE 6.5 STREET ADDRESS CITY. ST. 2IP TITLE STREET ADDRESS CITY. ST. 2IP T	57. Rfux. WoTine, F1.32093					85 Zip Code
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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE NAME STREET ADDRESS CITY - ST - ZIP DELETE 1.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP DELETE 1.2 TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME 1.3 STREET ADDRESS CITY - ST - ZIP DELETE 2.1 TITLE NAME 1.2 NAME 2.2 NAME 3.1 STREET ADDRESS CITY - ST - ZIP TITLE NAME 3.3 STREET ADDRESS CITY - ST - ZIP TITLE NAME 3.4 CITY - ST - ZIP TITLE NAME 3.5 STREET ADDRESS CITY - ST - ZIP TITLE NAME 3.6 STREET ADDRESS CITY - ST - ZIP TITLE NAME 3.7 STREET ADDRESS CITY - ST - ZIP TITLE NAME 3.8 STREET ADDRESS CITY - ST - ZIP TITLE NAME 3.9 STREET ADDRESS CITY - ST - ZIP DELETE 4.1 TITLE Change Addition Addition Change Addition Addition Addition AMME STREET ADDRESS CITY - ST - ZIP TITLE NAME 3. STREET ADDRESS CITY - ST - ZIP TITLE NAME 5. TI		\mathcal{O}			FL.	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	registered	office or registered agent, or both, in t	he State of Florida. Such char	ige was authorized by	y the corporation's board of directors. I hereby	ose of changing its accept the appointment
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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, with all other like empowered.

SIGNATURE: