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Feb 22, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 712256
 1. Corporation Name
RANSOM-EVERGLADES SCHOOL, INC.

274093-90068-76

Principal Place of Business 3575 MAIN HIGHWAY MIAMI FL 33133 US	Mailing Address 3575 MAIN HIGHWAY MIAMI FL 33133 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/15/1967
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0659070
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent COTTON, JOHN P 2945 A BRIDGEPORT AVE 3575 MAIN HIGHWAY MIAMI FL 33133	10. Name and Address of New Registered Agent 81 Name Judith Chamberlain 82 Street Address (P.O. Box Number Is Not Acceptable) 3575 Main Highway 83 84 City Miami FL 85 Zip Code 33133
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.
 SIGNATURE: *[Signature]* DATE: 3/18/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PC	BUERMANN, ERIC 6075 SE 92ND STREET MIAMI FL	1.1 TITLE	
TITLE VD	GREER, EVELYN 5900 SW 97TH STREET MIAMI FL	2.1 TITLE	
TITLE VD	HAVENICK, BARBARA 369 LEUCADENDRA DRIVE CORAL GABLES FL	3.1 TITLE	
TITLE SD	MEYERINGH, ROBERTA 5633 GRANADA BLVD CORAL GABLES FL	4.1 TITLE	Director of Finance
TITLE VD	WOLFE, JODY 5255 N KENDALL BLOVD MIAMI FL	4.2 NAME	Ehrlich, Jonathan
TITLE TD	SEITZ, CHARLES 8320 SW 52ND AVE MIAMI FL 33143	4.3 STREET ADDRESS	3575 Main Highway
		4.4 CITY-ST-ZIP	Miami, FL 33133

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 617, 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: *[Signature]* DATE: 1-5-99 DAYTIME PHONE: 305-460-8851