

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 714796 (0)

1. Corporation Name
THE LITTLE SCHOOLHOUSE, INC.



Principal Place of Business: 1100 N. ANDREWS AVENUE FT. LAUDERDALE FL 33311 US
Mailing Address: 101 SE 3RD AVE FT. LAUDERDALE FL 33301 US

3. Date Incorporated or Qualified: 06/19/1968
3a. Date of Last Report: 01/27/1995

2. Principal Place of Business: 21
22. Suite, Apt. #, etc.:
23. City & State: Ft. Lauderdale, FL
24. Zip: 33311
25. Country:
26. Mailing Address: 1100 N. Andrews Ave.
27. Suite, Apt. #, etc.:
28. City & State: Ft. Lauderdale, FL
29. Zip: 33311
30. Country:

4. FEI Number: 59-1220813
Applied For: Not Applicable
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

10. Name and Address of New Registered Agent

GARDNER, MERCEDES
1813 NE 28 ST.
FORT LAUDERDALE FL 33306

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City: FL
85. Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D CAMPBELL, BEN	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4321 NE 15TH TERR	1.2 NAME	
STREET ADDRESS	FT LAUDERDALE FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	MD WARD, JANE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3715 S LAKE DRIVE	2.2 NAME	
STREET ADDRESS	BOYNTON BEACH FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	PD PAYNE, BARBARA	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1612 S.E. 9TH STREET	3.2 NAME	
STREET ADDRESS	FT. LAUDERDALE FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD GARDNER, MERCEDER	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1813 NE 28 ST	4.2 NAME	
STREET ADDRESS	FT LAUD FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	S CAMPBELL, MARIAN	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4321 NE 15TH TERR	5.2 NAME	
STREET ADDRESS	FT LAUDERDALE FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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	

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 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.

SIGNATURE: Jane B. Ward 1-29-96 (954) 734-6461
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jane B. Ward - Director Date Daytime Phone #

CR2E037 (12/95)