

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 # 721687 (2)

1. Corporation Name

THE CUSHMAN SCHOOL, INC.

Principal Place of Business

**592 N E 60TH ST
MIAMI FL 33137**

Mailing Address

**592 N E 60TH ST
MIAMI FL 33137**



3. Date Incorporated or Qualified
09/13/1971

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1382853

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

23

28

24

29

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LUTTON, JOAN
592 NE 60TH ST
MIAMI FL 33137**

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

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

T
NAME: **RICKERT, CRAIG**
STREET ADDRESS: **592 NE 60 ST**
CITY-ST-ZIP: **MIAMI FL**

☐ DELETE

D
NAME: **SASTRE, CESAR**
STREET ADDRESS: **9999 N.E. 2 AVENUE, STE 216**
CITY-ST-ZIP: **MIAMI SHORES FL 33138**

☐ Change ☐ Addition

PD
NAME: **LUTTON, JOAN**
STREET ADDRESS: **592 NE 60TH ST**
CITY-ST-ZIP: **MIAMI FL**

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

CT
NAME: **BUHLER, PAUL**
STREET ADDRESS: **3160 MARY STREET**
CITY-ST-ZIP: **CORAL GABLES FL**

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

CTD
NAME: **LEHMAN, AMY**
STREET ADDRESS: **1293 NE 95TH STREET**
CITY-ST-ZIP: **MIAMI SHORES FL**

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

S
NAME: **MEYERS, LINDA**
STREET ADDRESS: **4520 SABAL PALM ROAD**
CITY-ST-ZIP: **MIAMI FL**

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

T
NAME: **GREEN, BARTH M.D.**
STREET ADDRESS: **620 SABAL PALM ROAD**
CITY-ST-ZIP: **MIAMI FL**

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/96

Date

305 758-5527

Daytime Phone #

CR2E037 (12/95)