

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 21 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

592 N E 60TH ST
MIAMI FL 33137592 N E 60TH ST
MIAMI FL 33137-2246

2. Principal Place of Business

21

Suite, Apt #, etc.

City & State

22

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt #, etc.

City & State

27

Zip

Country

29

30

3. Date Incorporated or Qualified

09/13/1971

3a. Date of Last Report

02/07/1996

4. FEI Number

59-1382853

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	SASTRE, CESAR	
STREET ADDRESS	9999 NE 2ND AVE STE 216	
CITY - ST - ZIP	MIAMI SHORES FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LUTTON, JOAN	
STREET ADDRESS	592 NE 60TH ST	
CITY - ST - ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LEE, PATRICK	
STREET ADDRESS	BARRY UNIVERSITY	
CITY - ST - ZIP	MIAMI SHORES FL	
TITLE	CTD	<input checked="" type="checkbox"/> DELETE
NAME	LEHMAN, AMY	
STREET ADDRESS	1293 NE 95TH STREET	
CITY - ST - ZIP	MIAMI SHORES FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	WHYTE, SUSAN	
STREET ADDRESS	67 NE 17TH TERR	
CITY - ST - ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GREEN, BARTH M.D.	
STREET ADDRESS	620 SABAL PALM ROAD	
CITY - ST - ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Weinstein, Alice
4.3 STREET ADDRESS	930 NE 99th Street
4.4 CITY - ST - ZIP	Miami Shores, FL
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Meyers, Linda
5.3 STREET ADDRESS	4520 Sabal Palm Road
5.4 CITY - ST - ZIP	Miami, FL
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0029205

CR2E037 (9/96)