

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 27 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # **F26941** (7)

1. Corporation Name

THE INVERRARY SCHOOL, INC.

Principal Place of Business

Mailing Address

% HAROLD RESNICK
7015 GOLF POINTE CIR
TAMARAC FL 33321

% HAROLD RESNICK
7015 GOLF POINTE CIR
TAMARAC FL 33321

3. Date Incorporated or Qualified
03/26/1981

3a. Date of Last Report
05/01/1994

4. FEI Number
59-2070790

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RESNICK HAROLD
7015 GOLF POINTE CIR
TAMARAC FL 33321

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

STD
RESNICK, HAROLD
7015 GOLF POINTE CIR
TAMARAC FL

1 1 TITLE
1 2 NAME
1 3 STREET ADDRESS
1 4 CITY-ST ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

PD
RESNICK, LORRAINE
7015 GOLF POINTE CIR
TAMARAC FL

2 1 TITLE
2 2 NAME
2 3 STREET ADDRESS
2 4 CITY-ST ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

3 1 TITLE
3 2 NAME
3 3 STREET ADDRESS
3 4 CITY-ST ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

4 1 TITLE
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY-ST ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

5 1 TITLE
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY-ST ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

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 110.07(3)(k), Florida Statutes. I further certify that the information reflected 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.

SIGNATURE: *Harold Resnick*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/95

305-726-0077