

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**

**Apr 02 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

**DOCUMENT # F26941 (7)**

1. Corporation Name  
**THE INVERRARY SCHOOL, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address

**% HAROLD RESNICK  
7015 GOLF POINTE CIR  
TAMARAC FL 33321**

**% HAROLD RESNICK  
7015 GOLF POINTE CIR  
TAMARAC FL 33321**

*SEE NEW ADDRESS BELOW.*

2. Print Name of Principal Officer

**21 Harold Resnick**

22 **12598 Majestic Isles Drive**

23 **Boynton Beach, FL 33437-4154**

24 **FL 33437**

3. Date Incorporated or Qualified  
**03/26/1981**

4. FEI Number  
**59-2070790**

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 owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**RESNICK HAROLD  
7015 GOLF POINTE CIR  
TAMARAC FL 33321**

*NEW ADDRESS*

81 **Harold Resnick  
12598 Majestic Isles Drive  
Boynton Beach, FL 33437-4154**

10. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
State **FL** Zip Code **85**

11. Pursuant to the provisions of Sections 607.0502 and 607.1000, Florida Statutes, I hereby certify that the office of 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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>STD</b>	<input type="checkbox"/> DELETE
NAME	<b>RESNICK, HAROLD</b>	<i>SEE NEW ADDRESS BELOW</i>
STREET ADDRESS	<b>7015 GOLF POINTE CIR</b>	
CITY-ST-ZIP	<b>TAMARAC FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>RESNICK, LORRAINE</b>	<i>SEE NEW ADDRESS BELOW</i>
STREET ADDRESS	<b>7015 GOLF POINTE CIR</b>	
CITY-ST-ZIP	<b>TAMARAC FL</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> DELETE
NAME	<b>Harold Resnick</b>	
STREET ADDRESS	<b>12598 Majestic Isles Drive</b>	
CITY-ST-ZIP	<b>Boynton Beach, FL 33437-4154</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>Lorraine Resnick</b>	
STREET ADDRESS	<b>12598 Majestic Isles Drive</b>	
CITY-ST-ZIP	<b>Boynton Beach, FL 33437-4154</b>	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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 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* 3/30/98 561-638-1258

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0291678

CR2E034 (10/97)