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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N34390 (7)
 1. Corporation Name

PINE CREST PREPARATORY SCHOOL, INC.

Principal Place of Business 1501 N.E. 62ND ST. FT. LAUDERDALE FL 33334	Mailing Address 1501 N.E. 62ND ST. FT. LAUDERDALE FL 33334
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3. Date Incorporated or Qualified 09/27/1989	Applied For
4. FEI Number 59-0861374	Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
COWGILL, LOURDES M
1501 N.E. 62ND ST.
FT. LAUDERDALE FL 33334

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 85 Zip Code **FL**

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SARBONE, DR PETER	
STREET ADDRESS	5601 N DIXIE HWY #401	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VCD	<input checked="" type="checkbox"/> DELETE
NAME	O'CONNOR, ELIZABETH F	
STREET ADDRESS	730 ISLE OF PALMS	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	GRIMDITCH, WILLIAM H. J	
STREET ADDRESS	923 HILLSBORO MILE	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	KONE, KENNETH	
STREET ADDRESS	5571 NE 26 AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCMILLAN, WILLIAM J	
STREET ADDRESS	1501 NE 62 ST	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KENNELLY, BARBARA	
STREET ADDRESS	333 KEY PALM ROAD	
CITY-ST-ZIP	BOCA RATON 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	VCD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Egan, Jacqueline
2.3 STREET ADDRESS	1575 Ponce de Leon Drive
2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33316
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sandra B. Mortham K0ne 1/13/98 954-492-4116

CR2E037 (10/97)