


FILE NOW: FILING FEE IS \$61.25

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Mar 02, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N34390

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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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 09/27/1989
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-0861374
22. City & State	27. City & State	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Country	29. Country	30. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
COWGILL, LOURDES M 1501 N.E. 62ND ST. FT. LAUDERDALE FL 33334		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARBONE, DR PETER	1.2 NAME	
STREET ADDRESS	5601 N DIXIE HWY #401	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE	VCD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EGAN, JACQUELINE	2.2 NAME	Susan P. Johnson
STREET ADDRESS	1575 PONCE DELEON DR	2.3 STREET ADDRESS	909 Poinciana Drive
CITY-ST-ZIP	FT LAUDERDALE FL 33316	2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	CD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRINDITCH, WILLIAM H. J	3.2 NAME	
STREET ADDRESS	923 HILLSBORO MILE	3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	3.4 CITY-ST-ZIP	
TITLE	VPT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KONE, KENNETH	4.2 NAME	Francis Lang
STREET ADDRESS	5571 NE 26 AVENUE	4.3 STREET ADDRESS	1501 NE 62nd Street
CITY-ST-ZIP	FORT LAUDERDALE FL	4.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33334
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMILLAN, WILLIAM J	5.2 NAME	James Blosser
STREET ADDRESS	1501 NE 62 ST	5.3 STREET ADDRESS	1600 Ponce DELEON Drive
CITY-ST-ZIP	FT LAUDERDALE FL	5.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33316
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNELLY, BARBARA	6.2 NAME	
STREET ADDRESS	333 KEY PALM ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	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 with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** Francis Lang 1/20/99 954 492-4115
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)