


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000005662 (0)
 1. Corporation Name
MONTESSORI PARENT ORGANIZATION, INC.



Principal Place of Business 1230 BANANA RIVER DR INDIAN HARBOUR BEACH FL 32937	Mailing Address 1230 BANANA RIVER DR INDIAN HARBOUR BEACH FL 32937
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3. Date Incorporated or Qualified 11/14/1995	3a. Date of Last Report N/A
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address PO Box 372911
21. Suite, Apt. #, etc.	28. Suite, Apt. #, etc.
22. City & State	27. City & State Satellite Bch, FL
23. Zip	29. Zip 32937
24. Country	30. Country USA

9. Name and Address of Current Registered Agent SINGER, ELISE A 162 WINDWARD WAY INDIAN HARBOUR BEACH FL 32937	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pres. Rita Moreno	1.2 NAME	Trustee Barbara Nabors
STREET ADDRESS	633 Cedarwood Way	1.3 STREET ADDRESS	1281 Mosswood Court
CITY-ST-ZIP	Melbourne, FL 32940	1.4 CITY-ST-ZIP	Indian Lake, FL 32903
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Asst. Pres. Lisa Kittel	2.2 NAME	
STREET ADDRESS	303 Penegrine Drive	2.3 STREET ADDRESS	
CITY-ST-ZIP	Indian Lake, FL 32903	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Secy. Sandra Adli	3.2 NAME	
STREET ADDRESS	Box 372266	3.3 STREET ADDRESS	
CITY-ST-ZIP	Satellite Bch, FL 32937	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tres. Gail Engelman	4.2 NAME	
STREET ADDRESS	281 S. Atlantic Ave.	4.3 STREET ADDRESS	
CITY-ST-ZIP	Cocoa Bch, FL 32931	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Trustee Sandra Beardoff	5.2 NAME	500001905205
STREET ADDRESS	2105 Mac Farland Dr.	5.3 STREET ADDRESS	-07/26/96--01011--026
CITY-ST-ZIP	Cocoa, FL 32922	5.4 CITY-ST-ZIP	***70.00
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Trustee Gail Harland	6.2 NAME	
STREET ADDRESS	900 Whitmore Dr.	6.3 STREET ADDRESS	
CITY-ST-ZIP	Melbourne, FL 32935	6.4 CITY-ST-ZIP	

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 119.07(3)(k), 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: Gail Engelman **Tres. 6-10-96** 407-784-3374
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)