

FILE NOW: FILING FEE IS \$61

FILED
Jul 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE [Redacted] S. 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 PO BOX 372911 SATELLITE BCH FL 32937-0911
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3. Date Incorporated or Qualified 11/14/1995	3a. Date of Last Report 07/25/1996
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2. Principal Place of Business 21 [Redacted] Suite, Apt. #, etc.	2a. Mailing Address 26 [Redacted] Suite, Apt. #, etc.
22 [Redacted] City & State	27 [Redacted] City & State
23 [Redacted] Zip	28 [Redacted] Country
24 [Redacted] Country	29 [Redacted] Zip
25 [Redacted] Country	30 [Redacted] Country

4. FEI Number [Redacted] 59-3385700	Applied For <input checked="" type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 TOM FLAVIN CPA
82 Street Address (P.O. Box Number is Not Acceptable) 3210 N. WICKHAM RD. SUITE 5
83 Phone 407-752-9967
84 City MELBOURNE
85 Zip Code FL 32935

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 617.0501, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **7/16/97**

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	ENGELGAU, GAIL	
STREET ADDRESS	281 S ATLANTIC AVE.	
CITY-ST-ZIP	COCOA BCH FL 32931	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DEARDOFF, SANDRA	
STREET ADDRESS	2105 MAC FARLAND DR.	
CITY-ST-ZIP	COCOA FL 32922	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HARLAND, GAIL	
STREET ADDRESS	900 WHITMIRE DR.	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 do 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.

CR2E037 (9/96)