

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000039978**
1. Corporation Name
Montessori Made Manageable, Inc

Principal Place of Business: **14535 Lk. Candlewood Ct. Miami Lakes, FL 33014**
Mailing Address: **PO Box 172205 Hialeah FL 33017**

3. Date Incorporated or Qual Fee: **5-15-95** 3a. Date of Last Report: **NA**
4. FEI Number: **65-0579655**
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 has liability for intangible tax under s. 199.032 Florida Statutes: Yes No

2. Principal Place of Business: **see above** 2a. Mailing Address: **see above**
21. Suite, Apt. #, etc.: **see above** 26. Suite, Apt. #, etc.: **see above**
22. City & State: **see above** 27. City & State: **see above**
23. Zip: **see above** 28. Zip: **see above** Country: **see above**
24. Country: **see above** 25. Country: **see above** 29. Country: **see above** 30. Country: **see above**

9. Name and Address of Current Registered Agent
**Lisa Rieke Adame
930 Falling Water Rd.
Ft. Lauderdale FL
33326**

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: _____

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0905, Florida Statutes.
SIGNATURE: **Lisa Rieke Adame** DATE: **5-1-96**

12. OFFICERS AND DIRECTORS

TITLE	Sect. Treasurer	<input type="checkbox"/> DELETE
NAME	Barbara Scott	
STREET ADDRESS	14535 Lk. Candlewood Ct.	
CITY, ST, ZIP	Miami Lakes, FL 33014	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
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. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	

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***200.00

5/1/96

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: **Barbara Scott** **Barbara Scott** DATE: **4/24/96** **954-389-6167**

CR2E034 (12/95)