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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

ASSISTED OF CORFUNITIONS

1996 **DOCUMENT #**

MERRIS MONTESSORI SCHOOL, INC.



Principal Place of Business			Mai ^r ng Address								
5140 CURRY FORD RD ORLANDO FL 32812 US			4108 SUMMERWOOD AV ORLANDO FL 32812 US								
							3. Date Incorporated or Qualified 05/30/1991		Date of Last Report 04/06/1995		
2. Principal Pla	ace of Business	2a.	Mailing Address			***	4. FEI Number 59-3069541		Ŧ	Applied For Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State			City & State				6. Election Campaign Financing	\$5.00 May Be			
23 Zip	<u></u>		Zip Count				Trust Fund Contribution 8. This corporation has liability for	Added to Fees			
24	25 9. Name and Address of Currer	30				Florida Statutes Services Florida Statutes Florida Statutes Florida Statutes Florida F					
	g, Name and Address of Corre	ii negis	tereu Agent		11	Name	(U) Maine and Address of New Y	iegistereu P	gen		
MERRIS, MARINA B. 733 COQUINA COURT					32	Street Add	Idress (P.O. Box Number is Not Acceptable)				
	DO FL 32807			6	33						
				8	14	City		FŁ	85	Zip Code	
or registers	o the provisions of Sections 607.0502 ad agent, or both, in the State of Flori h, and accept the obligations of, Sect	da Such	i change was authoriz	ed by the co	e-n rpc	iamed corpo oration's bo	oration submits this statement for the pul kird of directors. I hereby accept the app	pose of cha	 nging registe	its registered office ered agent. I am	
SIGNATURE _	Signature, typed or profed halve of registered age a	a disk da	opporate %	The Respondenced As	اروران	d Symaltore rouge	roy Lwher I to call the gr	DATE			
12.	OFFICERS AN			13.			ADDITIONS/CHANGES 10 OFF				
TITLE	D		☐ DELETE	1 1 1117	.F) Chan	nge 🔲 Addition	
NAME	MERRIS, MARINA B			1.2 NAM	1E						
STREET ADDRESS	4108 SUMMERWOOD AVE ORLANDO FL					ADDRESS					
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STREET ADDRESS						ADORESS					
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NAME				6 2 NAM							
STREET ADDRESS				1		ADDRESS					
CITY - ST - ZIP				6.4 CITY	r · S	T-ZIP	fully and the stated in Contract 10	03/0:#\ E(+	data Di	tak akan 1.6 akan	

I do hereby certify that the information supplied with this firing 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: Marine and typed on Printed Name of Signing Officer or Director

4 - 1 5 - 96 (401) 211-0330