05-04-1999 90029 013 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

i. Corporation	MENT # 331712 DEL MONTESSORI SCHO						
Principal Place	e of Business	Mailing Address			T ( I I I I I I I I I I I I I I I I I I	#1811 B1811 #1811 #	)
11820 N.E. 13TH AVENUE 11820 N.E. 13TH AVENUE							
NORTH MIAMI FL 33161 NORTH MIAMI FL 33161							
					DO NOT WRITE IN THI	S SPACE	
					3. Date Incorporated or Qualifed 06/25/1968		
Principal Place of Business 2a. Mailing Address					4. FEI Number	Ap	plied For
21		26			59-1231080		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A Fee Re	í
City & Stat	е	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	_ Count	ry	8. This corporation owes the current year li	ıtangible	_/
24	25	29 3	0		Personal Property Tax.		D2No .
	9. Name and Address of Curre	ent Registered Agent	8	1 Name	10. Name and Address of New Registered	I Agent	
WEDEL, RONALD A. 11820 N.E. 13TH AVENUE NORTH MIAMI FL 33161			8	2 Street Add	ress (P.O. Box Number is Not Acceptable)		
de la		· ·		4 City	and the same of th		Code,
11. Pursuant	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig	02 and 607:1508; Florida Statutes	the abo	ove-named corporations.	poration submits this statement for the purpose of on's board of directors. I hereby accept the appropriate the purpose of the	if changing its pintment as rec	registered gistered
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: R	egistered Ag	gent signature require			
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	STD	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	WEDEL, RONALD		1,2 NAME	Ę			
STREET ADDRESS	1665 N.E. 104TH ST.		1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	MIAMI SHORES FL		1.4 CITY-	-ST-ZIP			
TITLE	·	DELETE	2.1 TITLE			Change	Addition
NAME			2.2 NAME	E			{
STREET ADDRESS	·		2.3 STRE	EET ADDRESS			1
CITY-ST-ZIP			2. 4 CITY	-ST-ZIP.	The state of the s		
TITLE		☐ DELETE	3.1 TITLE	<b>■</b>		Change	Addition
NAME			3.2 NAME	E			
STREET ADDRESS			3.3 STRE	ET ADDRESS			
CITY-ST-ZIP			3.4. CITY	-ST-ZIP			
TITLE		☐ DELETË	4.1 TITLE			☐ Change	☐ Addition
NAME			4. 2 NAM	E			
STREET ADDRESS			4.3 STRE	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY-	-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME	•	•	5.2 NAME				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP	,	prog	5.4 CITY-				
TITLE	,	DELETE	6.1 TITLE	: [		Change	☐ Addition

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 of 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 apprecia, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:<

NAME

STREET ADDRESS