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

DOCUMENT # 436159

KNOBEL	PRIVATE SCHOOLS, IN	C.							
Principal Place	of Business	Mailing Address							
11900 BISCAYNE BLVD. P.O. BOX 610395									
STE. 808 NORTH MIAMI FL 33261						DO NOT WRITE IN THIS	SPA	CE	
N MIAMI BEACH FL 33181 US						3. Date Incorporated or Qualifed			
US						1 5			
						09/17/1973 4. FEI Number		Па	pplied For
2. Principal Pla	ace of Business	2a. Mailing Address					٠,٠		ot Applicable
21 26 26				~_	<u> </u>	59-1486208	•	<u> </u>	Additional
Suite, Apt. #	Suite, Apt. #, etc.					5. Certifcate of Status Desired	Ψ		equired
22 27									May Be
City & State City & State						6. Election Campaign Financing	-		to Fees
23 28						Trust Fund Contribution			10 1 663
Zip	Country	Zip	Count	try		8. This corporation owes the current year Ir	tangii)ie Voc	□No
24	25	29	30			Personal Property Tax.			
	9. Name and Address of Cu	rrent Registered Agent		- 1 ·		10. Name and Address of New Registered	Aye	<u></u>	
			{	B1	Name				
RICKIE KNOBEL			la la	82	Street Addre	ss (P.O. Box Number is Not Acceptable)			
11900 BISCAYNE BLVD.									———-
STE. 808			[8	83		<u>.</u>			
NORTH MIAMI FL 33181			-	84	Cit.		8	5 Zip	Code
	•		1	·	City	pration submits this statement for the purpose on's board of directors. I hereby accept the appoint	▄ᅵ	1 .	
SIGNATURE	Signature, typed or printed name of registere					when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A		.	ORS IN 12
12.	PSC	☐ DELETE	1.1 TITL					Change	Addition
TITLE		<u></u>	1.2 NAN						
NAME	MINE KITOBLE, TIONIC				DORESS				
STREET ADDRESS	REEL ADDRESS 11300 DIOCATTLE DEVD., OTE. 000					·			
CITY-ST-ZIP	NORTH MIAMI FL	C DELETE	1.4 CIT		ZIP			Change	Addition
TITLE :		☐ DELETÉ	2.1 TITL				_	•	
NAME		22							
STREET ADDRESS					DDRESS"	-			
CITY-ST-ZIP			2.4 CIT		ZIP		r	Change	Addition
TITLE		☐ DELETE 3.1		LE			_	Onange	
NAME	32		3.2 NAM	ME.					
STREET ADDRESS			3.3 STF	REET A	ODRESS				İ
CITY-ST-ZIP	[]		3.4. CIT	ry-st-	ZIP				
TITLE		and the second s	4 1 TIT	4.1 TITLE				Change	Addition
NAME		☐ DELETE	7/1 1(1)				_		
STREET ADDRESS		☐ DELETE	4. 2 NA	ME			_		
1 1		☐ DELETE	4. 2 NA		ADDRESS		_		
CITY-ST-ZIP /		☐ DELETE	4. 2 NA 4.3 STF	REETA	-l.				
TITLE		☐ DELETE	4. 2 NA	REET A	-l.			Change	e
TITLE			4. 2 NA 4.3 STF 4.4 CIT	REET A Y-ST-	-l.			Change	Addition
NAME /	·		4. 2 NA 4.3 STF 4.4 CIT 5.1 TIT 5.2 NA	REET A Y-ST- LE ME	ZIP .			Change	Addition
1 /			4. 2 NA 4.3 STF 4.4 CIT 5.1 YIT 5.2 NAJ 5.3 STF	REET A Y-ST- LE ME REET A	ZIP .			Change	• Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4. 2 NA 4.3 STF 4.4 CIT 5.1 TIT 5.2 NA 5.3 STF 5.4 CIT	Y-ST- LE ME REET A	ZIP .		Ē		101-4
NAME STREET ADDRESS			4. 2 NA 4.3 STF 4.4 CIT 5.1 TIT 5.2 NAJ 5.3 STF 5.4 CIT 6.1 TIT	Y-ST- LE ME REET A Y-ST-	ZIP .		Ē	Change	101.
NAME STREET ADDRESS CITY-ST-ZIP	1000年代第100年 1000年代第100年 1000年代第100年	☐ DELETE	4. 2 NA 4.3 STF 4.4 CIT 5.1 TIT 5.2 NAJ 5.3 STF 5.4 CIT 6.1 TIT 6.2 NAJ	Y-ST- LE ME REET A Y-ST- LE ME	ZIP .		Ē		101.

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 supplied ental 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 trusted 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 or an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY/ST-ZIP

100 mg

Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90089 002 ***150.00