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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

May 19 1997 8:00am

Secretary of State

DOCUMENT # 451676

(1)

LYONSDOWN SCHOOL, INC.

Principal Place of Business Mailing Address 15270 S.W. 288TH ST. 15270 S.W. 288TH ST. HOMESTEAD FL 33033-1424 HOMESTEAD FL 33033-1424 3. Date incorporated or Qualified Sa. Date of Last Report 04/16/1996 06/12/1974 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 26 59-1542956 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 28 Added to Fees 23 Country Country Zip This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **B1** Name FARRELL.DOROTHY A 15270 S.W. 288TH ST. 82 Street Address (P.O. Box Number is Not Acceptable) HOMESTEAD, FL EDFL 83 84 City 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, if am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typical or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Change Addition DELETE THILE TS 1 1 TITLE NAME FARRELL. DOROTHY 1.2 NAME 401 Oversean New 17301 S W 296 ST 1.3 STREET ADDRESS STREET ADORESS HOMESTEAD FL 1.4 CITY-ST-ZIP CITY-ST-ZIF DELETE Addition 2.1 TITLE TITLE FARRELL, L R 2.2 NAME 17301 S W 296 ST 2.3 STREET ADDRESS STREET ADDRESS HOMESTEAD FL 2. 4 CITY-ST-ZIP C(1) - S1 - Z(F) DELETE Change Addition THLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34. CITY+ST-ZIP CUY-SI-7P DELETE Channe Addition 4.1 TITLE TATLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST- ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAG 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - \$1 - ZIP DELETE Change Addition 61 TITLE TITLE 6.2 NAME 63 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY- ST-ZiF

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

SIGNATURE: DATACHE OF PRINTED NAME OF SIGNING OFFICER OF BRECTOR 4/6/97 305-245-5533