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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # 574277

JULIE ROHR ACADEMY, INC.

(0)

Mailing Address	
4466 FRUITVILLE ROAD SARASOTA EL 34232-1926	

FILED Jun 03 1997 8:00am Secretary of State



4466 FRUITVILI SARASOTA FL			4466 FRUITVILLE ROAD SARASOTA FL 34232-1926															
							Date Incorp 07/01/197		or Qual	ified	3a. Da	le of L 9/19		aport				
2. Principal Place of Business 21			2a. Maitii 26	2a. Mailing Address				4.	FEI Number 59-1825				L	Ţ	Ap	plied For		
Suite, Apt. #, etc.				Suite, Apt. #, etc.			5.	Certificate of		s Desire	ed .			75 /	Additional equired			
City & Stale				City & State			1	Election Car Trust Fund (ing		\$5	.00	May Bo o Fees	7		
Zip .	25	Country	Zip 29	Zip Country				- 1	This corpora Florida State		is liabilit		or intangible tax under s. 199.00					
	9, Name and	d Address of Cu	rrent Registered	Agent					Name and		s of Ne							
	ir, julia r.				81	1	Name										П	
4466 FRUITVILLE ROAD SARASOTA FL 34232						2	Street Ad	dress (P.	O. Box Nun	nbor is l	Vot Acc	eptable	9)			· · · · · · · · · · · · · · · · · · · 		
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						1	Cily						FL	85	Zip (Code	-	
11. Pursuant office or r	to the provisions registered agent	of Sections 607, or both, in the S	0502 and 607.150 tate of Horida, Suc	08, Florida Statut ch change was	ies, the above authorized b	⊥L ve-r oy ti	named co	orporation ration's bo	submits thi	s stater	ment for	the pu	rpose of the appo	chang pintme	ing its	s registere	d	
agent. Fa	am f am iliar with, a	and accept the of	bligations of, Secti	ion 607.0505, Fi	orida Statute	08.					•	•						
SIGNATURE	Signature typed or pr	rinted name of registere	d agerd and title if applica	abe (NOI	Γ Registered Λς	i	Signature rei	dured when r	reinstatino)				DATE				-	
12.		OFFICERS	AND DIRECTORS		13.	_			DDITIONS/C	HANG	ES TO (OFFICE		DIREC	CTOR	3 IN 12	\dashv_{ς}	
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NAME	MCHUGH, JI				1.2 NAME												2	
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CITY-ST-ZIP	SARASOTA I	FL		Decrete	1.4 CHY-	ST-	7 P										<u>}</u>	
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NAME	MCHUGH, M	ICHAF		Land Drawnia	3.2 NAME								•		nige	L_ Addition	"	
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CITY-ST-ZIP					6.4 CITY-5	ST - 2	IP											

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 logal effect as if made under eath; 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.

120/04