

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

ANNUAL REPORT
1995



SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 608892 (6)

1. Corporation Name

MONTESSORI SCHOOL OF CHARLOTTE COUNTY, INC.

**APPROVED
AND
FILED**

95 MAY -1 AM 4:29

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

Mailing Address

**4344 PINNACLE STREET
CHARLOTTE HARBOR FL 33980**

**4344 PINNACLE STREET
CHARLOTTE HARBOR FL 33980**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. # etc.

26. State, Apt. # etc.

22. City & State

27. City & State

23. Zip

28. Zip

24. Country

29. Country

25. Country

30. Country

3. Date of Incorporation or Qualification

3a. Date of Last Report

02/05/1979

04/29/1994

4. FEI Number

59-1879394

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 190.02, Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WOLFE, MAJA BIRGIT
414 CERROMAR CIR., S
#250
VENICE FL 34293**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0902 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. Therefore, accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.1508, Florida Statutes.

SIGNATURE

Signature of Agent (Typed Name of Agent in Block 12)

Signature of Agent (Typed Name of Agent in Block 12)

86

12. OFFICERS AND DIRECTORS

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS

1. NAME	P
2. NAME	WOLFE, MAJA B.
3. STREET ADDRESS	414 CERROMAR CIR. SO. #250
4. CITY & STATE	VENICE FL
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1. NAME		☐ Change ☐ Addition
2. NAME		☐ Change ☐ Addition
3. STREET ADDRESS		☐ Change ☐ Addition
4. CITY & STATE		☐ Change ☐ Addition
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100. NAME		☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not equally for the corporation stated in Sections 190.02 and 190.03, 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 liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this document or on an attachment with an address.

SIGNATURE:

Maja B. Wolfe (Maja B. Wolfe) 4.26.95 629-7710

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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



1995

DOCUMENT # 612398

(8)

GERMICO, INC.

1805 NW 97 AVE.
MIAMI FL 33172

1805 NW 97 AVE.
MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified 03/09/1979		3a. Date of last report 02/10/1994	
4. FEI Number 59-2009924		Applied for ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
7. Does corporation have liability for campaign law under Florida Statutes ☐ Yes ☐ No			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GERMI, LARRY 1805 NW 97TH AVE MIAMI FL 33172		81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City FL 85. 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. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD GERMI, LARRY 1805 NW 97TH AVE MIAMI FL	1. TITLE	☐ Change ☐ Addition
NAME		2. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY, ST, ZIP		4. CITY, ST, ZIP	
TITLE	VPD GERMI, PAULINE 1805 NW 97TH AVE MIAMI FL	5. TITLE	☐ Change ☐ Addition
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY, ST, ZIP		8. CITY, ST, ZIP	
TITLE	STD GERMI, ALI A 1805 NW 97TH AVE MIAMI FL	9. TITLE	☐ Change ☐ Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY, ST, ZIP		12. CITY, ST, ZIP	
TITLE		13. TITLE	☐ Change ☐ Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY, ST, ZIP		16. CITY, ST, ZIP	
TITLE		17. TITLE	☐ Change ☐ Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY, ST, ZIP		20. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 139.07, b(1), Florida Statutes. Further, I 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 make the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 (if indicated), as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BRINGING OFFICER OR DIRECTOR

Ali Geremi

4/25/95 (305) 591-8380

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



1995

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **613523**

(0)

2015-11-15

1. Corporation Name

BRYCOR, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**364 N. FORK PLACE
LAKELAND FL 33809**

**364 N. FORK PLACE
LAKELAND FL 33809**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/20/1979

3b. Date of Last Report

05/01/1994

2. Principal Place of Incorporation

2a. Mailing Address

21

26

4. FEI Number

59-1913936

Applied For

Not Applicable

22. State Apt. # etc.

27. State Apt. # etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23. City & State

28. City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24. 25. 26. 27. 28. 29. 30.

8. This corporation has liability for intangible tax under S. 193.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRYANT, STELLA
364 N. FORK PLACE
LAKELAND FL 33809**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.01(2) and 607.14(1)(b), 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 this appointment as registered agent. I am familiar with and accept the obligations of Section 607.05(1), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

12.1 NAME	ST BRYANT, PATRICIA N. 7248 ORANGE WAY LAKELAND FL
12.2 NAME	PD BRYANT, ROBERT W. 7248 ORANGE WAY LAKELAND FL
12.3 NAME	
12.4 NAME	
12.5 NAME	
12.6 NAME	
12.7 NAME	
12.8 NAME	
12.9 NAME	
12.10 NAME	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

13.1 NAME	☐ Change ☐ Addition
13.2 NAME	
13.3 NAME	
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(4)(b), Florida Statutes. I further certify that this information indicated on the 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. I am an officer or director of this corporation or the receiver or trustee empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or as an attachment with an addendum.

SIGNATURE:

PATRICIA N. BRYANT
Patricia N. Bryant

4/29/95

(813) 858-2826