FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

ANNUAL REPORT
1995

Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 4:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 608892 (6)

1. Corporate Name

MONTESSORI SCHOOL OF CHARLOTTE COUNTY, INC.

DO NOT WRITE IN THIS SPACE

Principal Mailing Address

4344 PINNACLE STREET
CHARLOTTE HARBOR FL 33980

Mailing Address

4344 PINNACLE STREET
CHARLOTTE HARBOR FL 33980

3. Date of Incorporation or Qualification: 02/05/1979

3a. Date of Last Report: 04/29/1994

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number: 59-1879394 ☐ Applied For ☐ Not Applicable

Suite, Apt. # or
22

Suite, Apt. # or
27

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State
23

City & State
28

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip
24

County
25

Zip
29

County
30

8. This corporation has activity for intangible tax under § 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 Section 607.0505 and/or 617.1505, Florida Statutes, the above named corporation submits the 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

Title	P
Name	WOLFE, MAJA B.
Street Address	414 CERROMAR CIR. SO. #250
City-St-Zip	VENICE FL
Title	
Name	
Street Address	
City-St-Zip	
Title	
Name	
Street Address	
City-St-Zip	
Title	
Name	
Street Address	
City-St-Zip	
Title	
Name	
Street Address	
City-St-Zip	
Title	
Name	
Street Address	
City-St-Zip	

13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS

Title	☐ Change ☐ Addition
Name	
Street Address	
City-St-Zip	
Title	☐ Change ☐ Addition
Name	Cathy R Deitch
Street Address	248 Hernando Ave
City-St-Zip	Port Charlotte FL 33452
Title	☐ Change ☐ Addition
Name	
Street Address	
City-St-Zip	
Title	☐ Change ☐ Addition
Name	
Street Address	
City-St-Zip	
Title	☐ Change ☐ Addition
Name	
Street Address	
City-St-Zip	
Title	☐ Change ☐ Addition
Name	
Street Address	
City-St-Zip	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and 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 above, 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 — Date — Telephone Number

0034001 CR

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

1995

DOCUMENT # 612398 (8)

1 Corporate Name

GERMICO, INC.

Principal Place of Business

1805 NW 97 AVE.
MIAMI FL 33172

Mailing Address

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

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. # or — 22

Suite, Apt. # or — 27

City & State — 23

City & State — 28

Zip — 24 — County — 25

Zip — 29 — County — 30

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. Is the corporation subject to the provisions of Chapter 607.1901, Florida Statutes? ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GERMI, LARRY
1805 NW 97TH AVE
MIAMI FL 33172

10. Name and Address of New Registered Agent

01 Name

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

03

04 City FL 05 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

(Typed or printed name of Registered Agent) (Registered Agent signature required for address changes) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	GERMI, LARRY	12 NAME	
STREET ADDRESS	1805 NW 97TH AVE	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	
TITLE	VPD	21 TITLE	☐ Change ☐ Addition
NAME	GERMI, PAULINE	22 NAME	
STREET ADDRESS	1805 NW 97TH AVE	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	
TITLE	STD	31 TITLE	☐ Change ☐ Addition
NAME	GERMI, ALI A	32 NAME	
STREET ADDRESS	1805 NW 97TH AVE	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I declare under penalty that the information contained with this filing is voluntarily furnished and 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 with an address.

SIGNATURE: Ali Germi 4/25/95 (305)591-8380

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0100051 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

1995

Secretary of State
DIVISION OF CORPORATIONS

95 ... -1 ... 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # 613523 (0)

1. Corporation Name
BRYCOR, INC.

Principal Place of Business	Mailing Address
364 N. FORK PLACE LAKELAND FL 33809	364 N. FORK PLACE LAKELAND FL 33809

3. Date Incorporated or Qualified	3a. Date of Last Report
03/20/1979	05/01/1994
4. FEI Number	Applied For / Not Applicable
59-1913936	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, 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 607.0502 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 ______________________________ DATE ________

12. OFFICERS AND DIRECTORS	
TITLE	ST
NAME	BRYANT, PATRICIA N.
STREET ADDRESS	7248 ORANGE WAY
CITY-ST-ZIP	LAKELAND FL
TITLE	PD
NAME	BRYANT, ROBERT W.
STREET ADDRESS	7248 ORANGE WAY
CITY-ST-ZIP	LAKELAND FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 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 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: PATRICIA N. BRYANT Patricia N. Bryant 4/29/95 (813)858-2826
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

03139000 CP