## 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 # 678073

GOLDEN	GLADES DAY SCHOOL, I	NC.							
Principal Place of Business			Mailing Address					,	
17700 N.W. 27 AVE.			17700 N.W. 27 AVE.						
MIAMI FL 33056			MIAMI FL 33056				DO NOT WRITE IN THIS SPACE		
	•.						3. Date Incorporated or Qualifed	٦	
							07/10/1980	-	
2. Principal P	lace of Business	2a.	Mailing Address				4. FEI Number Applied For	1	
21			26			_	59-2017435 Not Applicable	1	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			<u> </u>	\$8.75 Additional	7	
22			27				5. Certificate of Status Desired Fee Required	Ĺ	
City & State			City & State				6. Election Campaign Financing \$5.00 May Be	_ _	
23			28			<u> </u>	Trust Fund Contribution Added to Fees		
Zip	Country		Zip	Cou	ntry		8. This corporation owes the current year Intangible	1	
24	25	29		30			Personal Property Tax. ☐ Yes ☐ No	╛	
	9. Name and Address of Curre	nt Regist	tered Agent				10. Name and Address of New Registered Agent	$\dashv$	
DOT	HENDEDO MAY				81	Name	,		
	HENBERG, MAX			Ì	82	Street Add	dress (P.O. Box Number is Not Acceptable)	7	
	N.E. 172 ST						·	4	
N. M	IAMI BEACH FL 33162				83				
					84	City	85 Zip Code	1	
	•							╛	
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	Signature, typed or printed name of registered age	nt and title i	f applicable. (NOTE:	Registered	Agen	t signature require	ired when reinstating) DATE		
12.	OFFICERS A	ND DIRE		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	4	
TITLE	SD		☐ DELETE	1.1 TIT	LE		☐ Change ☐ Addition	۱'	
NAME	ROTHENBERG, MAX			1.2 NA	ME				
STREET ADDRESS	1000 11121 110 011			1.3 ST	REET	T ADDRESS			
CITY-ST-ZIP	N MIAMI BEACH FL			1.4 CT	TY-ST	T-ZIP		4	
ΠΙΈ	-		2.1 TIT	2.1 TITLE		☐ Change ☐ Addition	1		
NAME	ROTHENBERG, SONDRA			2.2 NA	ME				
STREET ADDRESS	1320 N.E. 172 ST.			2.3 ST	REET	TADDRESS		1	
CITY-ST-ZIP	N MIAMI BEACH FL 2.4			2. 4 CI	TY-S	ST-ZIP		_	
TITLE	☐ DELETE 3.11		3.1 TIT	LE	}	☐ Change ☐ Addition	1		
.NAME			32 N	ME.	ــايـــــ		<u>-</u>  -		
STREET ADDRESS			•	3.3 ST	REET	TADDRESS	* **	7	
CITY-ST-ZIP				3.4. C	TY-S	ST-ZIP		4	
TITLE	☐ DELETE 4.1			4.1 177	Œ	ļ	☐ Change ☐ Addition	1	
NAME				4. 2 N	AME				
STREET ADDRESS				4.3 ST	REET	TADORESS		1	
CITY-ST-ZIP				4.4 CI		T-ZIP		4	
TITLE				5.1 TI		.	· Change Addition	a	
NAME				5.2 N			•		
STREET ADDRESS						T ADDRESS		ļ	
CITY-ST-ZIP				5.4 CI		T- ZIP		4	
TITLE			□ DELETE	6.1 TIT			☐ Change ☐ Additio	3	
NAME				6.2 N			•		
OTDEET ADVOCEDE				6.3 ST	REET	TADDRESS		- 1	

64 CITY-ST-ZIP

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 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 attack ment with an address, with all other like empowered. CITY-ST-ZIP

SIGNATURE:

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90117 041 \*\*\*150.00