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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996 -

DOCUMENT # 689044

1. Corporation Name

(6)

LIADOMECO	MONTESSORI	COLLOO	INIC
HAPPINESS	MUNITSSUHL	SCHUUL.	INU.

FIACEIN	EGO MONTEGOOM GONO	JL, 1140.			
Principal Place	of Business	Mailing Address			#1#4 #1#11 #1#11 #1#11 #1#11 #1#11 #1#11 ###1
2895 SE 2ND ST ROBERT D.RICHARDSON BOYNTON BCH FL 33435		2895 SE 2ND ST ROBERT D.RICHARDSON BOYNTON BCH FL 33435		Date theorporated or Qualified   3a. Date of Last Report	
				09/24/1980	01/19/1995
2. Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2021594	Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Crty & State		City & State		6. Election Campaign Financing	55.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zφ	Country	Ζφ	Country	8. This corporation has liability for i	
24	25	29	[30]	Florida Statutes Yes No 10. Name and Address of New Registered Agent	
	9. Name and Address of Curren	t Aegistered Agent	81 Nanie	10. Maine Blid Addioss of Heart	
DICHADO	OSON, MARTHA P.		00 00 4 4 4	ress (P.O. Box Number is Not Acceptab	de)
	E. 2ND ST.		82 Street Addr	ess (r.o. box number is not Acceptan	·
	N BEACH FL		83		
	,, <u> </u>		84 City		85 Zip Code
			1 1 7		FL
familiar with	a the provisions of Sections 607.0502 ed agent, or both, in the State of Floric h, and accept the obligations of, Secti	and 607,1508, Florida Statu fa. Such change was authori on 607.0505, Florida Statute	ries, the above hamed corpor ized by the corporation's boar is.	ration submits this statement for the pured of directors. Thereby accept the appearance of the appeara	pose of changing has registered agent. Lam
SIGNATURE _	Signature, typed or printee name of registered agent	and title if applicable (N	IOTE: Bogistered Agains grahme tea inc		DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12  Change Addition
TITLE	ST DIGUADOSON DODEDT D	☐ DELETE	1 1 THUE		Circles Ci Addition
NAME	RICHARDSON, ROBERT D. 1026 S.W. 28TH AVE.		1.2 NAME 1.3 STREET ADDRESS		
STREET ADDRESS	BOYNTON BCH, FL 00000		1.4 City - \$1 - ZiP		
CITY-ST-ZIP TITLE	P	☐ DELETE	2 1 THLE		Change Addition
NAME	RICHARDSON, MARTHA P.		2.2 NAME		
STREET ADDRESS	1026 S.W. 28TH AVE.		2 3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BCH, FL 00000		2 4 CITY - ST - ZIF		The state of the s
TITLE		☐ DELETE	3 1 THILE		☐ Change ☐ Addition
NAME			3 2 NAME		
STREET ADDRESS			3.4 STREET ADDRESS 3.4 CITY - ST - ZICT		
CITY · ST - ZIP TITLE		DELETE	4 1 THILE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
City-S1-ZiP			4.4 CITY - ST - ZIP		
TITLE		DEFETE	5 1 THLE		☐ Change ☐ Addition
NAME			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP		☐ DELETE	5.4 CITY - S1 - 7IP 6 1 Title		Change Addition
TITLE MANAGE		Писи	6 2 NAME		_, , _
NAME STREET ADORESS			63 STREET ADDRESS		
CITY - ST - 7IP			6.4 CIFY - ST - ZIP		
at at I also be a sole.	y certify that the information supplied	with this filing is voluntarily fu	rolehed and does not qualify:	for the exemption stated in Section 119 ate and that my signature shall have the	.07(3)(k), Florida Statutes. I further
oath: that	t the information indicated on this arint I am an officer or director of the corpo i Block 12 or Block 13 if changed, or o	ration or the receiver or trus	tee empowered to execute th	is report as required by Chapter 607. F	lorida Statutes; and that my name

SIGNATURE: SIGNATURE AND TYPED OR PUNTED NAME OF SIGNING OFFICER OF DIRECT

/14/98 (407)(732.8291)