

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90070 023 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 712256
 1. Corporation Name
RANSOM-EVERGLADES SCHOOL, INC.

274093-90068-76

Principal Place of Business 3575 MAIN HIGHWAY MIAMI FL 33133 US	Mailing Address 3575 MAIN HIGHWAY MIAMI FL 33133 US
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21 Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 02/15/1967
22 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-0659070
23 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent
COTTON, JOHN P
 2945 A BRIDGEPORT AVE
 3575 MAIN HIGHWAY
 MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name Judith Chamberlain
82 Street Address (P.O. Box Number Is Not Acceptable) 3575 Main Highway
83
84 City Miami
85 Zip Code FL 33133

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: 3/18/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PC	BUERMANN, ERIC	1.1 TITLE
STREET ADDRESS 6075 SE 92ND STREET		1.2 NAME
CITY-ST-ZIP MIAMI FL		1.3 STREET ADDRESS
TITLE VD	GREER, EVELYN	1.4 CITY-ST-ZIP
STREET ADDRESS 5900 SW 97TH STREET		2.1 TITLE
CITY-ST-ZIP MIAMI FL		2.2 NAME
TITLE VD	HAVENICK, BARBARA	2.3 STREET ADDRESS
STREET ADDRESS 369 LEUCADENDRA DRIVE		2.4 CITY-ST-ZIP
CITY-ST-ZIP CORAL GABLES FL		3.1 TITLE
TITLE SD	MEYERINGH, ROBERTA	3.2 NAME
STREET ADDRESS 5633 GRANADA BLVD		3.3 STREET ADDRESS
CITY-ST-ZIP CORAL GABLES FL		3.4 CITY-ST-ZIP
TITLE VD	WOLFE, JODY	4.1 TITLE
STREET ADDRESS 5255 N KENDALL BLOVD		4.2 NAME
CITY-ST-ZIP MIAMI FL		4.3 STREET ADDRESS
TITLE TD	SEITZ, CHARLES	4.4 CITY-ST-ZIP
STREET ADDRESS 8320 SW 52ND AVE		5.1 TITLE
CITY-ST-ZIP MIAMI FL 33143		5.2 NAME
		5.3 STREET ADDRESS
		5.4 CITY-ST-ZIP
		6.1 TITLE
		6.2 NAME
		6.3 STREET ADDRESS
		6.4 CITY-ST-ZIP

Director of Finance
 Ehrlich, Jonathan
 3575 Main Highway
 Miami, FL 33133

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 1-5-99 DAYTIME PHONE: 305-460-8851