

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 735278 (4)

1. Corporation Name

GULLIVER PREPARATORY SCHOOL, INC.



Principal Place of Business

12595 RED ROAD
CORAL GABLES FL 33156

Mailing Address

12595 RED ROAD
CORAL GABLES FL 33156

3. Date Incorporated or Qualified

03/12/1976

3a. Date of Last Report

03/16/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

NOT APPLICABLE

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

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

CORPORATION COMPANY OF MIAMI
1500 MIAMI CENTER
100 CHOPIN PLAZA
MIAMI FL 33131

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 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME KRUTULIS, MARIAN C.
STREET ADDRESS ~~6925 CAMARIN ST~~
CITY- ST- ZIP CORAL GABLES FL ☐ DELETE

11 TITLE PD
12 NAME KRUTULIS, MARIAN C.
13 STREET ADDRESS 13631 DEERING BAY DR #257
14 CITY- ST- ZIP MIAMI, FL 33158 ☒ Change ☐ Addition

TITLE TD
NAME KRUTULIS, MARIAN C.
STREET ADDRESS ~~6925 CAMARIN STREET~~
CITY- ST- ZIP CORAL GABLES FL ☐ DELETE

21 TITLE TD
22 NAME KRUTULIS, JOHN
23 STREET ADDRESS 8603 S. DIXIE HWY #406
24 CITY- ST- ZIP MIAMI, FL 33143 ☒ Change ☐ Addition

TITLE SD
NAME PERRONE, STEPHEN
STREET ADDRESS ~~12595 RED ROAD~~
CITY- ST- ZIP CORAL GABLES FL ☐ DELETE

31 TITLE SD
32 NAME PERRONE, STEPHEN
33 STREET ADDRESS 8603 S. DIXIE HWY
34 CITY- ST- ZIP MIAMI, FL 33143 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY- ST- ZIP ☐ Change ☐ Addition

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)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN L. PERRONE

21/90(305)666-6333

Daytime Phone # 305-3-19-86

CR2E037 (12/95)