FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **736497** **(9)**

1. Corporation Name

ATLANTIS ACADEMY, INC.

Principal Place of Business	Mailing Address
9600 S.W. 107 AVE. MIAMI FL 33176	9600 S.W. 107 AVE. MIAMI FL 33176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/29/1976
3a. Date of Last Report: 02/11/1994
4. FEI Number: 59-1684357 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

TEPPER, LETITIA C.
7009 S.W. 53RD LANE
MIAMI FL 33155

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	11 TITLE	President	☒ Change ☐ Addition
NAME	JOSEPH, SANDRA S.	12 NAME	Janet Parkerson	
STREET ADDRESS	10644 KENDALE BLVD	13 STREET ADDRESS	8801 SW 148 Drive	
CITY-ST-ZIP	MIAMI, FL 00000	14 CITY-ST-ZIP	Miami, FL. 33158	
TITLE	TSD	21 TITLE	Vice President	☒ Change ☐ Addition
NAME	TEPPER, LETITIA C.	22 NAME	Dr. Fernando Valverde	
STREET ADDRESS	7009 SW 53 LANE	23 STREET ADDRESS	160 Leucadendra Dr.	
CITY-ST-ZIP	MIAMI, FL 00000	24 CITY-ST-ZIP	Coral Gables, FL. 33156	
TITLE	D	31 TITLE	Secretary/Treasurer	☒ Change ☐ Addition
NAME	PARKERSON, JANET	32 NAME	Joseph Blonsky	
STREET ADDRESS	8001 SW 148 DR	33 STREET ADDRESS	7345 SW 122 Street	
CITY-ST-ZIP	MIAMI, FL 00000	34 CITY-ST-ZIP	Miami, FL. 33156	
TITLE	PD	41 TITLE	Director	☒ Change ☐ Addition
NAME	CARNER, ZELDA B.	42 NAME	Marilyn Udell	
STREET ADDRESS	8801 SW 114 TERR	43 STREET ADDRESS	57 Prospect Drive	
CITY-ST-ZIP	MIAMI, FL 00000	44 CITY-ST-ZIP	Coral Gables, FL. 33143	
TITLE	D	51 TITLE	Director	☒ Change ☐ Addition
NAME	CUNNINGHAM, JUSTIN, J	52 NAME	Andrea Borowsky	
STREET ADDRESS	9701 HAMMOCKS BLVD.,#201	53 STREET ADDRESS	11501 SW 92 Court	
CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP	Miami, FL. 33176	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Janet Parkerson 4/21/95 224-1148
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Area Code & Telephone Number)

Janet Parkerson

0044487