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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # 73649

(9)

FILED Feb 26 1998 8:00am Secretary of State

ATLANTIS ACADEMY, INC.				A TROUT TROOP THE RULE BLOCK FROM TRUE TROOP STATE BLOCK BURN BLOCK BURN BURN BURN BURN BURN BURN BURN BURN	16 16 1 1 9 1 1
Di i Di i Zo		<u>. </u>			
Principal Place of Business Mailing Address					8/1 6 / 9 /1 1001
9800 S.W. 107 AVE. 9600 S.W. 107 AVE. MIAMI FL 33176 MIAMI FL 33176				3. Date Incorporated or Qualified	
MIAMI FL 33176			07/29/1976		
				4. FEI Number	oplied For
8.6				59-1684357 No	ot Applicable
2. Principal Place of Business 22. Mailing Address 26				5. Certificate of Status Desired See Re	Additional equired
Suite, Apt. #, etc. Suite, Apt. #, etc.				Election Campaign Financing \$5.00	
22 27 City & State City & State				Trust Fund Contribution Added to	
23 28				7. Is this nonprofit corporation a homeowners association?	
Zip Country	Country Zip Country			8. This corporation owes or has paid the current year Intangible	
24 25	29	30		'	Ingible Ino
	Current Registered Agent	1001		10. Name and Address of New Registered Agent	
		B1 N	łame		
TEPPER, LETITIA C.			troot Addro	ss (P.O. Box Number is Not Acceptable)	
7009 S.W. 53RD LANE	82 8	SILEBI MOOLES	ss (F.O. Box Number is Not Acceptable)		
MIAMI FL 33155		83			
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	84 0	City	85 Zip	Code	
			•	FL "	
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.					
agent. I am familiar with, and accept th	e obligations of, Section 617.0503,	Florida Statutes.	e corporatio	ins board or directors. Thereby accept the appointment as	I a Bioroi a C
SIGNATURE					
Signature, typed or printed name of regit 12. OFFICE		OTE: Registered Agent s	ignature required	when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	O IN 10
TITLE P	RS AND DIRECTORS	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	Addition
		1.2 NAME			
NAME PARKERSON, JANET STREET ADDRESS 8801 SW 148 DR		1.3 STREET ADO	PEGG		
444.	1 72772727 117 717		IP		
	V DELETE		<u>" </u>	Change	Addition
*	VALVERDE, FERNANDO D		-	—· •	_ ```
STREET ADDRESS 160 LEUCADENDRA DR		2.2 NAME 2.3 STREET ADD	ORESS		
CITY-ST-ZIP CORAL GABLES FL		2. 4 CITY - ST - Z			
	ST DELETE			☐ Change	Addition
	BLONSKY, JOSEPH				
STREET ADDRESS 7345 SW 122 ST.			DAESS		
CITY-ST-ZIP MIAMI FL	MIAMI FL 34.0		IP		
TITLE D	D DELETE 4.11			☐ Change	Addition
NAME UDELL, MARILYN		4.2 NAME			
STREET ADDRESS 57 PROSPECT OR		4.3 STREET ADD	RESS		
CITY-ST-ZIP CORAL GABLES FL	·····	4.4 CITY-ST-ZI	IP		
TITLE	DELETE	5.1 TITLE		Change	☐ Addition
NAME BOROWSKY, ANDREA	5.2 NAME				}
STREET ADDRESS 11501 SW 92 CT		5.3 STREET ADD	ł		
CITY-ST-ZIP MIAMI FL	DELETE	5.4 CITY - ST - ZI	P	[1] 05	Addition
TITLE	☐ DETEN	6.1 TITLE	İ	☐ Change	
NAME .		6.2 NAME			1
STREET ADDRESS		6.3 STREET ADD	1		ļ
CITY-ST-ZIP	plied with this filing does not quelify	6.4 CITY-ST-Zi	stated in Se	ection 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 outh; 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: Oaxel Parkerson

Janet Parkerson

13 February 1998₂₇₁₋₉₇₇₁