


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **748104** (7)

1. Corporation Name

P.T.S. MONTESSORI COOP, INC.

Principal Place of Business

Mailing Address

11499 VONN ROAD  
LARGO FL 34644

11499 VONN ROAD  
LARGO FL 33774-4116



2. Principal Piece of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/17/1979</b>		3a. Date of Last Report <b>05/01/1996</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-2785096</b>		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DISHAROON, JOHN  
11499 VONN ROAD  
LARGO FL 34644

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	VD	<input type="checkbox"/> DELETE		1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SWIFT, ALLAN			1.2 NAME	Wendy Kindelspire		
STREET ADDRESS	1499 VONN ROAD			1.3 STREET ADDRESS	1499 Vonn Road		
CITY-ST-ZIP	LARGO FL			1.4 CITY-ST-ZIP	Largo, FL		
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KOSTAMO, MARIE			2.2 NAME	Debra Reinhardt		
STREET ADDRESS	13790 NORTH 87 PLACE			2.3 STREET ADDRESS	1499 Vonn Road		
CITY-ST-ZIP	SEMINOLE FL			2.4 CITY-ST-ZIP	Largo, FL		
TITLE	PD	<input type="checkbox"/> DELETE		3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SILVERMAN, FRANCA			3.2 NAME	Levida Towson		
STREET ADDRESS	12960 108TH AVE N			3.3 STREET ADDRESS	19750 Gulf Blvd.		
CITY-ST-ZIP	LARGO FL			3.4 CITY-ST-ZIP	Indian Shores, FL		
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE	Vice President / Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LUND, KATHY			4.2 NAME			
STREET ADDRESS	1514 MIDNIGHT PASS WAY			4.3 STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL			4.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		5.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DIGIOVANNI, MONICA			5.2 NAME	Stacey Maroney		
STREET ADDRESS	9960 FRANK DR W			5.3 STREET ADDRESS	11735 101 St. Street N.		
CITY-ST-ZIP	SEMINOLE FL			5.4 CITY-ST-ZIP	Largo, FL		
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HALL, SHARON			6.2 NAME			
STREET ADDRESS	11499 VONN RD.			6.3 STREET ADDRESS			
CITY-ST-ZIP	LARGO FL 34644			6.4 CITY-ST-ZIP			

14. I do 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.

SIGNATURE:

*Debra Reinhardt* 4/8/97 813-596-1902

CR2E037 (9/96)