

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90156 020 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 748104**

1. Corporation Name  
**P.T.S. MONTESSORI COOP. INC.**

Principal Place of Business	Mailing Address
11499 VONN ROAD LARGO FL 33774 US	11499 VONN ROAD LARGO FL 33774 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/17/1979	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2785096	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
Country		Country		Trust Fund Contribution <input type="checkbox"/>	
24		29		30	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DISHARON, JOHN 11499 VONN ROAD LARGO FL 34644				81 Name <b>Penny Danielson</b>			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>11499 Vonn Road</b>			
				83			
				84 City <b>Largo</b>		85 State <b>FL</b>	

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: *Penny Danielson* **Measure/Director** **4/28/99**  
 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 checked="" type="checkbox"/> DELETE	1.1 TITLE	VB	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KINDELSPIRE, WENDY		1.2 NAME	MONICA COOPER	
STREET ADDRESS	11499 VONN ROAD		1.3 STREET ADDRESS	11499 Vonn Road	
CITY-ST-ZIP	LARGO FL		1.4 CITY-ST-ZIP	Largo, FL 33774	
TITLE	PD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COOPER, MONICA		2.2 NAME	Franca Silverman	
STREET ADDRESS	11499 VONN ROAD		2.3 STREET ADDRESS	11499 Vonn Rd	
CITY-ST-ZIP	LARGO FL		2.4 CITY-ST-ZIP	Largo, FL 33774	
TITLE	TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOWSON, LEVIDA		3.2 NAME	Penny Danielson	
STREET ADDRESS	19750 GULF BLVD.		3.3 STREET ADDRESS	312 Gulf Blvd #A	
CITY-ST-ZIP	INDIAN SHORES FL		3.4 CITY-ST-ZIP	Indian Rocks, FL 33785	
TITLE	VD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHWARTZ, SYLVIA		4.2 NAME	Stacey Maroney	
STREET ADDRESS	11499 VONN RD		4.3 STREET ADDRESS	11499 Vonn Road	
CITY-ST-ZIP	LARGO FL		4.4 CITY-ST-ZIP	Largo, FL 33774	
TITLE	SD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERMAN, FRANCO		5.2 NAME		
STREET ADDRESS	11499 VONN RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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]* **SIGNATURE REQUIRED** **4/28/99** **(727)596-1902**  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)