

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **757915** (4)
1. Corporation Name
HAPPY HAMMOCK COOPERATIVE PRESCHOOL, INC.



Principal Place of Business 7850 S.W. 142 AVENUE POST OFFICE BOX 960553 MIAMI FL 33296-0553	Mailing Address 7850 S.W. 142 AVENUE POST OFFICE BOX 960553 MIAMI FL 33296-0553
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 05/07/1981	Applied For Not Applicable
4. FEI Number 59-2031525	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**MANHEIMER, PETER, ESQ.
14062 S.W. 80TH ST
MIAMI FL 33183**

10. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DECERCE, HELEN	
STREET ADDRESS	9315 SW 138 PL	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MYERS, LYNN	
STREET ADDRESS	14371 SW 45 TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KLIMOSKI, DIANE	
STREET ADDRESS	14371 SW 105 TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	VELAZQUEZ, JANETH	
STREET ADDRESS	9711 SW 142 CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	M	<input checked="" type="checkbox"/> DELETE
NAME	BURSTEIN, ANTONIA	
STREET ADDRESS	15660 SW 60 TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Fernandez, Janine	
1.3 STREET ADDRESS	15603 SW 102 Street	
1.4 CITY-ST-ZIP	Miami FL 33196	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Perez, Katherine	
2.3 STREET ADDRESS	7921 SW 136 Avenue	
2.4 CITY-ST-ZIP	Miami FL 33183	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Hernandez, Yolanda	
3.3 STREET ADDRESS	10645 SW 158 Place	
3.4 CITY-ST-ZIP	Miami FL 33196	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Ruffino, Kelli	
4.3 STREET ADDRESS	12965 SW 76 Terrace	
4.4 CITY-ST-ZIP	Miami FL 33183	
5.1 TITLE	M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Iribarren, Marie	
5.3 STREET ADDRESS	15603 SW 100 Terrace	
5.4 CITY-ST-ZIP	Miami FL 33196	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE: Kelli Ruffino **RKelliRuffino** 1-6-98 305-387-1769
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0033816

CR2E037 (10/97)