FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT **CORPORATION** ANNUAL REPORT



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

	7	9	9	b	

	1990	DIVISIONO	CONFOR	HONS	i		
DOCUI	MENT # F19	333 (6)					
MON	TESSORI ACADEMY OF	LOGGERS' RUN. INC.					
					1 18 8 11 8 8 9 10 10 10 10 10 10 10 10 10 10 10 10 10		BIO BIBIO DIBU BIDU IDDI
Principal Place	of Business	Mailing Address					
% BETTY		% BETTY L MELTO)N				
	23RD STREET	6620 NW 23RD STI	REET				
MARIGATE	ri. 33003	MARGATE FL 3306	3		3. Date Incorporated or Qualified	1 '	
2 Principal Pl	ace of Business	2a. Mailing Address			02/12/1981 4. FEI Number	01/1	18/1995
21	ace of Dusiness	26 Mailing Address			59-2074540		Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8	3.75 Additional
City & State		27 Cit / 11 Cont					Fee Required
23	;	City & State			6. Election Campaign Financing Trust Fund Contribution		5.00 May Be
Zip	Country	Zip	Coun	try	8. This corporation has liability for		
24	25	29	30		Florida Statutes	s 🖾 No	
	9. Name and Address of Cur	rent Hegistered Agent		II Name	10. Name and Address of New	Registered Agen	<u>t</u>
MELTO	ON, BETTY L						
	NW 23RD STREET		٤	Street Add	kess (P.O. Box Number is Not Accepta	bie)	
MARG	ATE FL 33063		8	13		•	
			8	4 City		 85	Zip Code
11 Pursuant f	o the provisions of Sections 607.0	502 and 607 1509. Florida Statul	too the phous	named sees	pration submits this statement for the pr		
or register	ed agent, or both, in the State of F	lorida. Such change was authoriz	zed by the co	rporation's bod	oration submits this statement for the pi and of threators. Thereby accept the ap-	urpose of changing pointment as regist	its registered office ered agent. Lam
SIGNATURE	17 J.L., M	elton	5.				
	Signature, typed or printed name of registered a	gent and title if applicable (No		jont signature requir		[141]	
12. Title	D	AND DIRECTORS DELETE	13.	<u> </u>	ADDITIONS/CHANGES TO OF	FICERS AND DIRE	
NAME	MELTON, LOUIE C		1.2 NAM	1		[_] One	ulte D voquion 2
STREET ADDRESS	6620 NW 23RD ST		1.3 STRE	ET ADDRESS			2
CITY-ST-ZIP	MARGATE, FL 00000		1.4 CITY	- \$T - 7IF			200
TITLE	DP	DETELE	2 1 THL			Cha	nge 🗌 Addition
NAME etoret apporen	MELTON, BETTY L 6620 NW 23RD ST		2.2 NAM				
STREET ADDRESS	0020 1117 23ND 31		23 STRE	ET ADDRESS			
TITLE		[] DELETE	3 1 TITL	F		Cha	rige Addition
NAME		_	32 NAM				
STREE! ADDRESS			3.3 STR	EET ADDRESS			
CHTY-ST-ZIP				- S1 - ZIP			Addition
TITLE		☐ DELETE	4 1 TITL			Cha	nge 🔲 Addition
NAME DECES ADDRESS			4.2 NAM	ET ADDRESS			
STREET ADDRESS CITY+ST-ZIP				-ST-ZIP			ĺ
THLE		☐ DELÉTE	5 1 TiTi			☐ Cha	nge 🔲 Addition
NAME			5.2 NAM	E			
STREET ADDRESS			5 3 STAE	ET ADDRESS			
CITY-S1-ZIP		F) Street		-ST-ZIP		☐ Cha	inge
TITLE		☐ DELETE	6 1 THTU	1		Ц СПА	inge [] Addition
NAME			6.2 NAM 6.3 STRI	ELT ADDRESS			
STREET ADDRESS CITY-ST-ZIP	•			- S* - ZIP			
14 do bereb	L	ed with this filing is voluntarily fur	nished and de	pes not qualify	for the exemption stated in Section 11	9.07(3)(k), Florida S	Statutes. I further

I do nereby certify that the information supplied with this tilling is voluntarily furnished and does not quality for the exemption stated in Section 119.07(5)(ii), Florida Statutes. Firthful 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sett Multon

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-17-96 407-483-3838