

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F26941 (7)
1. Corporation Name
THE INVERRARY SCHOOL, INC.

Principal Place of Business
* HAROLD RESNICK
7015 GOLF POINTE CIR
TAMARAC FL 33321
SEE NEW ADDRESS BELOW.

Mailing Address
* HAROLD RESNICK
7015 GOLF POINTE CIR
TAMARAC FL 33321



DO NOT WRITE IN THIS SPACE

2. Principal Officer
21 Harold Resnick
22 12598 Majestic Isles Drive
23 City Boynton Beach, FL 33437-4154
24 Zip
25 State
29 Country

3. Date Incorporated or Qualified
03/26/1981

4. FEI Number
59-2070790

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
RESNICK HAROLD
7015 GOLF POINTE CIR
TAMARAC FL 33321
NEW ADDRESS
Harold Resnick
12598 Majestic Isles Drive
Boynton Beach, FL 33437-4154

10. Name and Address of New Registered Agent
81 Name
Set Address (P.O. Box Number is Not Acceptable)
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1006, Florida Statutes, I, the undersigned, being the officer or registered agent, or both, in the State of Florida, do hereby certify that the information furnished on this form is true and accurate. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	STD	NAME	RESNICK, HAROLD	SEE NEW ADDRESS BELOW
STREET ADDRESS			7015 GOLF POINTE CIR	
CITY - ST - ZIP			TAMARAC FL	
TITLE	PD	NAME	RESNICK, LORRAINE	SEE NEW ADDRESS BELOW
STREET ADDRESS			7015 GOLF POINTE CIR	
CITY - ST - ZIP			TAMARAC FL	
TITLE	STD	NAME	Harold Resnick	
STREET ADDRESS			12598 Majestic Isles Drive	
CITY - ST - ZIP			Boynton Beach, FL 33437-4154	
TITLE	PD	NAME	Lorraine Resnick	
STREET ADDRESS			12598 Majestic Isles Drive	
CITY - ST - ZIP			Boynton Beach, FL 33437-4154	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:  3/30/98 561-638-1258
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0291678

CR2E034 (10/97)