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-- PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F26941

THE INVERRARY SCHOOL, INC.					į		
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Principal Place	e of Business	Mailing Address			٠.		
% HAROLD RE		% HAROLD RESNICK 12598 MAJESTIC ISLES DR	,				
12598 MAJESTIC ISLES DR BOYNTON BEACH FL 33437-4154		BOYNTON BEACH FL 33437-4154				DO NOT WRITE IN THIS SPACE	1
US		US				3. Date Incorporated or Qualifed (4.4.17)	
						03/26/1981	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied For	$\overline{}$
21		26				59-2070790 Not Applica	-
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required	
City & Stat	e	City & State			*	6. Election Campaign Financing \$5.00 May Be	
23	<u> </u>	28	-		,	Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Cour	ntry		8. This corporation owes the current year Intangible	.
24	25	29	30			Personal Property Tax.	 -
	9. Name and Address of Current	Registered Agent		81 N	lame	10. Name and Address of New Registered Agent	$\overline{}$
RES	NICK HAROLD						
1259	98 MAJESTIC ISLES DR	82 Street Addr		treet Addre	ess (P.O. Box Number is Not Acceptable)	·	
BOYNTON BEACH FL 33437		83		*	- 12 1 mm - 2 1 mm - 12 mm - 2 mm -	1 2 2	
						。 「阿拉拉斯」等等等"自由的"的。 第二次	32
				84 C	ity	FL 85 Zip Code	
11, Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	es, the ab	ove-na	med corpor	oration submits this statement for the purpose of changing its registeren's board of directors. I hereby accept the appointment as registered	∌đ.
······································	egistered agent, or both, in the State of	Florida. Such change was at	uu 1011260			it's board of directors. I fiereby accept the appointment as registered	
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Flor	rida Statu	tes.			i
agent. I a			rida Statu	ites.		· · · · · · · · · · · · · · · · · · ·	
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	rida Statu Registered A	ites.		when reinstating) DATE ADDITIONS/CHANCES TO DESCREEPE AND DISCATORS IN 1	,
SIGNATURE	Signature, typed or printed name of registered agent a OFFICERS AND	and title if applicable. (NOTE:	Registered /	ites. Agent sign		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:	2
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SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent a OFFICERS AND STD RESNICK, HAROLD	and title if applicable. (NOTE:	Registered A 13. 1.1 TTT 1.2 NAA	Agent sign	nature required v	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:	2
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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, with all other like empowered.

6.4 CITY-ST-ZIP

FILED

Jan 26, 1999 8:00am

Secretary of State

01-26-1999 90006 048 ***150.00