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

FILED Feb 11 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # G46231 (8) DANDYLION PRESCHOOL II, INC. Principal Place of Business Mailing Address % ELSIE RESTREPO **SELSIE RESTREPO** 1808 55TH AVENUE WEST 1606 55TH AVENUE WEST DO NOT WRITE IN THIS SPACE **BRADENTON FL 34207 BRADENTON FL 34207** 3. Date Incorporated or Qualified 06/24/1983 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 59-2376098 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Country 8. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. Yes 24 26 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name LEVITT, SANDY ALAN, ESQ. 2201 RINGLING BLVD. 82 Street Address (P.O. Box Number Is Not Acceptable) STE. 203 83 SARASOTA FL 34237 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE RESTREPO, ROBERTO (ASST) 1.2 NAME 5104 INVERNESS DR. 1.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 1.4 CITY - ST-ZIP CITY - ST - ZIP DELETE Addition TITLE DVS 2.1 TITLE RESTREPO, ELSIE NAME 2.2 NAME 5104 INVERNESS DR. STREET ADDRESS 2.3 STREET ADDRESS SARASOTA FL 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition 3.1 TITLE ☐ Change TITLE RESTREPO, ELSIE NAME 3.2 NAME 5104 INVERNESS DR STREET ADDRESS 3.3 STREET ADDRESS SARASOTA FL 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS

14. Thereby 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: 10 or an attachment with an address

SIGNATURE:

\*\*Control Control Control

5 4 CiTY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

6.1 TITLE

DELETE

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

NAME STREET ADDRESS

Addition

Change