


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

FILED  
Apr 24 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **G59969** (7)

1. Corporation Name  
**THE HOLLAND NORTHLAKE DAY SCHOOL, INC.**

Principal Place of Business <b>% MRS DOLORES COGBURN 8788 N.MILITARY TR. PALM BCH. GARDENS FL 33410</b>	Mailing Address <b>% MRS DOLORES COGBURN 8788 N.MILITARY TR. PALM BCH. GARDENS FL 33410</b>
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>8788 N MILITARY TR.</b> Suite, Apt. #, etc 22 City & State 23 <b>PALM BEACH GARDENS FL</b> Zip 24 <b>33410</b> Country 25 <b>FLORIDA</b>		2a. Mailing Address 26 Suite, Apt. #, etc 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified <b>09/19/1983</b>	4. FEI Number <b>59-2401557</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---	--	---	--	--	---	---	---	---

9. Name and Address of Current Registered Agent

**CIKLIN, ALAN J., ESQ.  
NORTHBRIDGE CENTER SUITE 1900  
315 NORTH FLAGLER DR.  
W PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			<b>FL</b>	

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COGBURN, JOHN B.			1.2 NAME			
STREET ADDRESS	3000 N OCEAN DR #22E			1.3 STREET ADDRESS			
CITY - ST - ZIP	SINGER ISLAND FL			1.4 CITY - ST - ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOLLAND, DIANN C.			2.2 NAME			
STREET ADDRESS	8788 N MILITARY TR			2.3 STREET ADDRESS			
CITY - ST - ZIP	PALM BEACH GDNS FL			2.4 CITY - ST - ZIP			
TITLE	STD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COGBURN, DOLORES M.			3.2 NAME			
STREET ADDRESS	3000 N OCEAN DR #22E			3.3 STREET ADDRESS			
CITY - ST - ZIP	SINGER ISLAND FL			3.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY - ST - ZIP				4.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				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:

*[Signature]*

4/14/98

561-842-0698

CR2E034 (10/97)