

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 Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H21999 (8)  
1. Corporation Name  
THE HOLLAND SCHOOLS, INC.



Principal Place of Business C/O MRS. DOLORES COGBURN 8788 N.MILITARY TR. PALM BCH.GARDENS FL 33410	Mailing Address C/O MRS. DOLORES COGBURN 8788 N.MILITARY TR. PALM BCH.GARDENS FL 33410
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8788 N.MILITARY TR Suite, Apt. #, etc. 22 City & State 23 PALM BEACH GARDENS FL Zip 24 33410		2a. Mailing Address 25 8788 N.MILITARY TR Suite, Apt. #, etc. 27 City & State 28 PALM BEACH Zip 29 33410		3. Date Incorporated or Qualified 09/20/1984	
		4. FEI Number NOT APPLICABLE		Applied For <input checked="" type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

CIKLIN, ALAN J.  
NORTHBRIE CENTER 1900  
315 NORTH FLAGLER DR.  
WEST 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
FL 85 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 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	NAME	1.1 TITLE	Change Addition
NAME	PD	1.2 NAME	
STREET ADDRESS	HOLLAND, DIANN C.	1.3 STREET ADDRESS	
CITY-ST-ZIP	8788 N MILITARY TR PALM BEACH GARDENS FL	1.4 CITY-ST-ZIP	
TITLE	NAME	2.1 TITLE	Change Addition
NAME	VD	2.2 NAME	
STREET ADDRESS	COGBURN, JOHN B.	2.3 STREET ADDRESS	
CITY-ST-ZIP	3000 N OCEAN DR., 22E SINGER ISLAND FL	2.4 CITY-ST-ZIP	
TITLE	NAME	3.1 TITLE	Change Addition
NAME	STD	3.2 NAME	
STREET ADDRESS	COGBURN, DOLORES M.	3.3 STREET ADDRESS	
CITY-ST-ZIP	3000 N OCEAN DR., 22E SINGER ISLAND FL	3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	Change Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	Change 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]*

4/13/98

861-842-0698

CR2E034 (10/97)