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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # 1., Corporation Name

H91168

(5)

ADVISORY SERVICE ON CAMPS AND PRIVATE SCHOOLS. I

**FILED** Feb 02 1998 8:00am Secretary of State



NC.						
Principal Place of Business Mailing Address						4 01641 04014 01041 01614 04014 1031
621 NE 24 AVENUE 921 NE 24 AVENUE HALLANDALE FL 33009					DO NOT WRITE IN T	HIS SPACE
					3. Date Incorporated or Qualified	
2. Principal Place of Business 2a. Mailing Address					12/23/1985 4. FEI Number	Applied For
21 26					59-2621739	X Not Applicable
Sulte, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional
22 27					a. Certificate of Status Desired	Fee Required
	City & State City & State				<b>6.</b> Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip			Count	rv		Added to Fees
24	26 29 30		<b>─</b> ¹	,	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registe	red Agent
BA	LLERANO, JR J		8	1 Name		
CHAPIN & ARMSTRONT			ē	2 Street Add	dress (P.O. Box Number is Not Acceptable)	
1201 NE 8TH ST			_ ا			
DEI	LRAY BEACH FL 33483		[8	3		
			6	4 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607 1508. Florida Statute	s, the abo	ve-named co	Ingration submits this statement for the purpose	se of changing its registered
office or re	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was at	uthorized	by the corpora	ation's board of directors. I hereby accept the	appointment as registered
SIGNATURE	in termina with and accept the conf	gations of, bootion oor tooo, i for	nda Olaidi	03.		
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registe				gent signature requ	uired when reinstating) DA	16
12.		VD DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE	PD COLOR	☐ DELETE	1.5 TITUE			Change
NAME OTOGET ADODESO			1.2 NAM			*
STREET ADDRESS CITY-ST-ZIP	HALLANDALE FL		1.3 STRE	ET ADDRESS		
TITLE	VO	DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME	STEIN, SUSAN DR.		2.2 NAM			- v <u>-</u>
STREET ADDRESS	33 MONTGOMERY LANE			ET ADDRESS		
CITY-ST-ZIP	GREENWICH CT 06830	H CT 06830 2.4		-ST-ZIP		
TITLE		DELETE 3.1 T				Change Addition
NAME	3.2 N		3.2 NAM			
STREET ADDRESS	<b>1</b>		1	ET ADDRESS		
CITY-ST-ZiP TITLE		DELETE	3.4. CITY 4.1 TITLE			Change Addition
NAME		C") pecrie	4.1 III.6	ľ		Congrige C Audition
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			4.4 CITY			
TITLE		DELETE	51 TITLE			Change Addition
NAME			5.2 NAM			
STREET ADDRESS			5 3 STAE	FT ADDRESS		
CITY-ST-ZIP			5.4 CITY	ST-ZIP		
TITLE		DELETE	6 1 TITLE			Change Addition
NAME			6.2 NAMI	l l		
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP	ertify that the information supplied	with this filing does not qualify for	the exem		Section 119.07(3)(i) Florida Statutes I furthe	er 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.

GRACE STEIN, President/Director CIGNATURE.

LAND Stein 1/26/98 (954) 457-7899