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**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporation Name MONTESSORI TIDES, INC.  Principal Place of Business  533 2ND AVE. NORTH JACKSONVILLE BEACH FL 32250  Mailing Address  MONTESSORI TIDES. INC. P.O. BOX 422 ATLANTIC BEACH FL 32233 US				3		3. Date Incorporated or Qualified 3a. Date of Last Report			
Principal P	Place of Business	2a. Mailing	Address			03/27/1986 4. FEI Number	06/	/26/1996	Applied For
	may or expenses	26	, 100,000			59-2661630			Not Applicable
Suite, Apt	#, etc.	Suite, A	pt. #, etc.			5. Certificate of Status Desired			5 Additional Required
City & Stat	le .	City & S	tate			6. Election Campaign Financin	9 🗆		00 May Be
Zip	Country	28 Zip	***	Coun	try	Trust Fund Contribution  8. This corporation has liability	for intangible	e tax unde	ed to Fees or s. 199.032,
	25	29		30		Florida Statutes	Yes		
	9. Name and Address of Curre	ent Hegistered Ag	ent		31 Name	10. Name and Address of New	Hegistered	Agent	,
	HAM, KATHY				Name				
2035 SHADOW LN. NEPTUNE BEACH FL 32266				[*	Street Add	dress (P.O. Box Number is Not Acce	ptable)		
NEF	TUNE DEACH PL 36200			t	13			···.	
					M 600	······································		1001111	to Ondo
				[*	City		FL	. 85 Z	ip Code
agent. La	registered agent, or both, in the Stat am familiar with, and accept the obli	te of Florida. Such	change was	authorized	by the corpora	rporation submits this statement for tale ation's board of directors. I hereby a	ccept the ap	pointment	as registered
agent. I a IGNATURE	am familiar with, and accept the obli Signature Typed or printed name of registered a	te of Florida. Such gations of, Section gent and title if applicable	change was 607.0505, Fi	authorized orida Statu E Registered	by the corporates.	ation's board of directors. I hereby a	CCEPT THE RP	pointment	
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SIGNATURE:

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May 07 1997 8:00am

Secretary of State