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

CITY-ST-ZIF

**SIGNATURE** 

Feb 10 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT** # (4)K26982 WINHOLD MONTESSORI SCHOOLS, INC. Principal Place of Business Mailing Address 17700 OLD CUTLER ROAD 17700 OLD CUTLER ROAD MIAM: FL 33157 MIAMI FL 33157 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/24/1988 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0055650 26 Not Applicable 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 Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 25 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name WINHOLD, ELEANOR 8360 SW 164TH TERRACE Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33157** 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE Expistered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. OFFICERS AND DIRECTORS DELFTE 1 1 TITUE Change Addition TITLE WINHOLD, ELEANOR 1.2 NAME NAME 8360 SW 164TH TERRACE STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE NAME WINHOLD, MARVIN 2.2 NAME 8360 SW 164TH TERRACE STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELFTE Change Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY - ST - ZIP ☐ DELETE Addition 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE 5 2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST - 71P ☐ Addition DELETE Change 6 1 TITLE NAME 6.2 NAME STREET ADDRESS 63 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 suppliemental 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.

PRES./

ELEANOR WINHOLD

FILED