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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K66644

(1)

LISA'S MONTESSORI CHILD CARE CENTER, INC.

Principal Place of Business

2. Principal Place of Business

21

Mailing Address

2a. Mailing Address

26

2977-85 WEST COMMERCIAL BLVD FT. LAUDERDALE FL 33309 2977-85 WEST COMMERCIAL BLVD FT. LAUDERDALE FL 33309

FILED Feb 03 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

Not Applicable

3. Date Incorporated or Qualified

02/17/1989

65-0102258

4. FE! Number

| Suite, Apt. #. | | Suite 27 | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | | | | | | | | | |
|--|--|---------------------|---------------------|---|----------------------|---|----------|-----------------|---|--------------|--------------------------------------|-------------------------|-------------------------|--|---|
| City & State | City & State | | | | , , | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | | | | | | | | | |
| Zip | Country | Zip | | | | 8. This corporation owes or has paid the current year Intangible | \dashv | | | | | | | | |
| 24 | 25 29 30 | | | | | Personal Property Tax due June 30. Yes No | | | | | | | | | |
| | 9. Name and Address of Current | Registered | Agent | | | 10. Name and Address of New Registered Agent | | | | | | | | | |
| O'BERRY, LISA J. | | | | 81 Name | | | | | | | | | | | |
| 2977-85 WEST COMMERCIAL BLVD. FT. LAUDERDALE FL 33309 | | | | 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code | | | | | | | | | | | |
| | | | | | | | | | | | | | City | FL 85 Zip Code | ĺ |
| | | | | | | | | 11. Pursuant to | the provisions of Sections 607,0502 | and 607.150 | 08, Florida Statut | es, the a | ove-named c | corporation submits this statement for the purpose of changing its registere | đ |
| | | | | | | | | agent, I am | gistered agent, or both, in the state to a famillar with, and accept the obligat | ons of, Sect | on change was a ion 607.0505, Flo | iutnorize orlda Stat | a by the corpo utes. | oration's board of directors. I hereby accept the appointment as registered | |
| SIGNATURE _ | | | | | | • | | | | | | | | | |
| SIGNATIONE | ignature, typed or printed name of registered agen | and title if applic | able. (NOT | Registere | f Agent signature re | required when reinstating) DATE | | | | | | | | | |
| 12. | OFFICERS AND | DIRECTORS | | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | | | | | | | |
| TITLE | PD | | ☐ DELETE | 1.1 Ti | TE | Change Addition | on [| | | | | | | | |
| NAME | O'BERRY, LISA J. | | | 1.2 N/ | ME | | İ | | | | | | | | |
| STREET ADDRESS | | | | | REET ADDRESS | | | | | | | | | | |
| CITY-ST-ZIP | FT LAUDERDALE FL | | | 1.4 CI | TY-ST-ZIP | | | | | | | | | | |
| TITLE | | | DELETE | 2.1 71 | LE | Change Addition | ıΠ | | | | | | | | |
| NAME | | | | 2.2 N/ | ME | | | | | | | | | | |
| STREET ADDRESS | | | | 2.3 ST | REET ADDRESS | | | | | | | | | | |
| CITY-ST-ZIP | | | | 2.4C | TY-ST-ZIP | | | | | | | | | | |
| TITLE | | | ☐ DELETE | 3.1 TJ | LE | ☐ Change ☐ Addition |)Iî | | | | | | | | |
| NAME | | | | 3.2 N/ | ME | | | | | | | | | | |
| STREET ADDRESS | | | | 3.3 ST | REET ADDRESS | | Į | | | | | | | | |
| CITY-ST-ZIP | | | | 3.4. C | TY-ST-ZIP | | - 1 | | | | | | | | |
| TITLE | | | DELETE | 4.1 Til | LE | Change Addition | ın | | | | | | | | |
| NAME | | | | 4. 2 N | ME | | | | | | | | | | |
| STREET ADDRESS | | | | 4.3 ST | REET ADDRESS | | | | | | | | | | |
| CITY-ST-ZIP | | | | 4.4 CF | Y-ST-ZIP | | - 1 | | | | | | | | |
| TITLE | | | ☐ DELETE | 5.1 TII | LE | ☐ Change ☐ Additio | n | | | | | | | | |
| NAME | | | | 5.2 NA | ME | | | | | | | | | | |
| STREET ADDRESS | | | | 5.3 ST | REET ADDRESS | | | | | | | | | | |
| CITY-ST-ZIP | | | | 54 CF | Y-ST-ZIP | | | | | | | | | | |
| TITLE | | | DELETE | 6.1 TIT | | Change Addition | n | | | | | | | | |
| NAME | | | - | 6.2 NA | ME | · · · · · | | | | | | | | | |
| STREET ADDRESS | | | | 1 | REET ADDRESS | | | | | | | | | | |
| CITY-ST-ZIP | | | | | Y-ST-ZIP | | - 1 | | | | | | | | |
| | rtify that the information supplied with | this filing de | oes not qualify fo | r the exe | mption stated | d in Section 119.07(3)(i), Florida Statutes. I further certify that the information | \dashv | | | | | | | | |

14. I hereby centry 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:

4. O. M. FLISA S'BERRY

1/12/98 (814) 486075