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FILED

Feb 27 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Worthington  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M10386 (4)

1. Corporation Name  
DOTTIE'S LITTLE RED SKOOL HOUSE INC.



Principal Place of Business  
159 NORTHEAST 8TH ST.  
HOMESTEAD FL 33030  
US

Mailing Address  
159 NORTHEAST 9 STREET  
HOMESTEAD FL 33030-4620

3. Date Incorporated or Qualified 01/23/1985	3a. Date of Last Report 03/12/1996
4. FEI Number 59-2486836	<input checked="" type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

HUSTEAD, ROBERT M  
313 N. KROME AVE., STE. 3  
HOMESTEAD FL 33030

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

TITLE	PT	<input type="checkbox"/> DELETE
NAME	BOYNTON, DOROTHY	
STREET ADDRESS	28530 SW 163RD AVE.	
CITY - ST - ZIP	HOMESTEAD FL	
TITLE	AP	<input type="checkbox"/> DELETE
NAME	BOYNTON, MELISSA	
STREET ADDRESS	28530 SW 163RD AVE.	
CITY - ST - ZIP	HOMESTEAD FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	BOYNTON, WAYNE	
STREET ADDRESS	28530 S.W. 163RD AVE.	
CITY - ST - ZIP	HOMESTEAD FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BOYNTON, TRISH E	
STREET ADDRESS	28530 SW 163 AVE	
CITY - ST - ZIP	HOMESTEAD FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BOYNTON, CHRISCHELLE	
STREET ADDRESS	28530 S.W. 163RD AVE.	
CITY - ST - ZIP	HOMESTEAD FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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:

Dorothy F Boynton Pres.  
Dorothy F Boynton

Date

2/4/97

Daytime Phone #

248-2229

CR2E034 (9/96)