## FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00 **FILED** PROFIT FLORIDA DEPARTMEN Jan 20 1998 8:00am CORPORATION Sandra B. Mo ANNUAL REPORT Secretary of Secretary of State 1998 DIVISION OF CORF TIONS DOCUMENT # M10386 (4)DOTTIE'S LITTLE RED SKOOL HOUSE INC. Principal Place of Business Mailing Address 159 NORTHEAST 9TH ST. 159 NORTHEAST 9 STREET HOMESTEAD FL 33030 HOMESTEAD FL 33030 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/23/1985 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-2486836 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 29 ☐ No 30 es Yes Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HUSTEAD, ROBERT M 313 N. KROME AVE., STE. 3 Street Address (P.O. Box Number is Not Acceptable) HOMESTEAD FL 33030 83 84 City Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change BOYNTON, DOROTHY 1.2 NAME

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SIGNATURE 12, TITLE Addition NAME 28530 SW 163RD AVE. STREET ADDRESS 1.3 STREET ADDRESS HOMESTEAD FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition Addition NAME BOYNTON, MELISSA 2.2 NAME STREET ADDRESS 28530 SW 163RD AVE. 2.3 STREET ADDRESS HOMESTEAD FL CITY - ST- ZIP 2. 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition BOYNTON, WAYNE NAME 3.2 NAME 28530 S.W. 163RD AVE. STREET ADDRESS 3.3 STREET ADDRESS HOMESTEAD FL CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE Change ☐ Addition BOYNTON, TRISH E NAME 4. 2 NAME 28530 SW 163 AVE STREET ADDRESS 4.3 STREET ADDRESS HOMESTEAD FL CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE TITLE Change 5.1 TITLE Addition BOYNTON, CHRISCHELLE NAME 5.2 NAME 28530 S.W. 163RD AVE. STREET ADDRESS 5.3 STREET ADDRESS HOMESTEAD FL CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE T17) F 6.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP

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14. I 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.

Prestat. PB of non owner 11/194