

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M10386

1. Corporation Name

~~DOTTIE'S LITTLE RED SKOOL HOUSE INC.~~

Principal Place of Business

159 NORTHEAST 9TH ST.
HOMESTEAD FL 33030
US

Mailing Address

159 NORTHEAST 9 STREET
HOMESTEAD FL 33030

FILED
Mar 19, 1999 8:00 am
Secretary of State

03-19-1999 90013 027 *****8.75

03-19-1999 90013 028 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/23/1985

4. FEI Number

59-2486836

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.



Yes

No

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
Lesley E Bowen C.P.A.
82 Street Address (P.O. Box Number is Not Acceptable)
158 Northeast 9th St
83 Homestead, FL 33030
84 City
Homestead, FL FL
85 Zip Code
33030

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

Lesley E. Bowen

Lesley E. Bowen

1/19/99

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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, with all other like empowered.

SIGNATURE:

Signature
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/99

Date

Daytime Phone #

CR2E034 (11/98)