

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

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

03-19-1999 90013 027 *****8.75
 03-19-1999 90013 028 ***150.00

U143300

PROFIT CORPORATION ANNUAL REPORT 1999

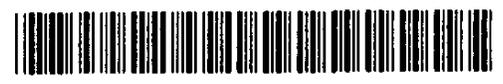


FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

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



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
 01/23/1985

4. FEI Number
 59-2486836

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
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 City
 84 City
 85 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. 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	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, CHRISHELLE	
STREET ADDRESS	28530 S.W. 163RD AVE.	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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: *BOYNTON* 1/11/99 305-248-2222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)