

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M18765 (1)

1. Corporation Name

THE AFTER SCHOOL CO.



Principal Place of Business

1223 PINETREE DR
INDIAN HBR BCH FL 32937

Mailing Address

1223 PINETREE DR
INDIAN HBR BCH FL 32937

3. Date Incorporated or Qualified
08/01/1985

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 1223 PINETREE DRIVE

2a. Mailing Address

26 1223 PINETREE DRIVE

4. FEI Number
59-2565584

Applied For
Not Applicable

Suite, Apt. #, etc.

22 PVT. BUILDING

Suite, Apt. #, etc.

27 PVT. BUILDING

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

23 INDIAN HARBOR BEACH, FL.

City & State

28 INDIAN HARBOR BEACH, FL.

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

24 32937

Country

25 BREVARD

Zip

29 32937

Country

30 BREVARD

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GRISE, DEBORAH
% A NEW GENERATION
1223 PINETREE DR
INDIAN HBR BCH FL 32937

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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:

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 VS
NAME BRUENING GRISE, DEBORAH
STREET ADDRESS 434 ST. LUCIA CT.
CITY - ST - ZIP SATELLITE BCH. FL 32937 ☐ DELETE

TITLE T
NAME ROSENFELD, HERBERT
STREET ADDRESS 2503 CORAL RIDGE CIR.
CITY - ST - ZIP MELBOURNE FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Deborah Gruening Grise
1.2 NAME 434 St. Lucia Ct.
1.3 STREET ADDRESS Satellite Bch. FL 32937
1.4 CITY - ST - ZIP ☐ Change ☐ Addition

2.1 TITLE Herbert Rosenfeld
2.2 NAME 2503 Coral Ridge Circle
2.3 STREET ADDRESS Melbourne, FL 32935
2.4 CITY - ST - ZIP ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034 (12/95)