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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Feb 11 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

Principal Place of Business

14. I do hereby certify that the information information indicated on this annual re I am an officer or director of the cyrroappears in Block 12 or Block 13 if the

SIGNATURE:

DOCUMENT # M28818

(6)

Mailing Address

ACADEMY FOR LITTLE PEOPLE OF WEST PALM BEACH, IN C.

W PALM BCH.	FL 33409-7808	W PALM BCH. FL 33409:	7808	.'	
				3. Date Incorporated or Qualified 03/13/1986	3a. Date of Lest Report 07/09/1996
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number 59-2716282	Applied For
21		26	· · · · · · · · · · · · · · · · · · ·		Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	e 	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Z(p)	Country 30	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032, Yes No
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Re	eglatered Agent
	GCADE, THOMAS E		81 Name		
	S OLIVE AVE ST PALM BEACH FL 33401		82 Street	Address (P.O. Box Number is Not Acceptal	ole)
			63		
			84 City		FL 85 Zip Code
11. Pursuant office or r	to the provisions of Sections 607 05 egistered agent, or both, in the Sta	502 and 607.1508, Florida Statut te of Florida. Such change was	es, the above-named authorized by the cor	d corporation submits this statement for the poration's board of directors. I hereby acce	ourpose of changing its registered pt the appointment as registered
SIGNATURE/	Thomas	Kinerall	ンニル	1319 /	
	Strong Unit Typed or printed name of registered a		E Registered Agent rignatur	:	DATE
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTORS IN 12
TITLE	ROLLINS, NANCY C.	☐ DELETE	1.1 TITLE		CRAND DIRECTORS IN 12 66 66 66 66 66 66 66
NAME	35 WINDSON LANE		1.2 NAME		<u>\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ </u>
STREET ADDRESS	PALM BCH GRDNS FL		1.3 STREET ADDRESS		<u>N</u>
CITY-ST-ZIP	VP	7 50 576	1.4 City-St-ZiP		
TITLE		DELETE	2.1 TITLE		☐ Change ☐ Addition ☐
NAME	BRUCE, MITCHELL G JR.		2.2 NAME		
STREET ADDRESS	35 WINDSON LANE		2.3 STREET ADDRESS		
CITY-ST-7IP	PALM BCH GRDNS FL		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		Change Addition
NAME	ROLLINS, NANCY, C		3.2 NAME		
STREET ADDRESS	35 WINDSON LANE		3.3 STREET ADDRESS		i
CITY-ST-7IP	PALM BCH GRONS FL		3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
THILE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP	1	
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		<u> </u>
STREET ADDRESS			6.3 STREET ADDRESS		
			as a man mobile	Ī	

not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the report is true and accurate and that my signature shall have the same legal effect as if made under oath; that we propose to execute this report as required by Chapter 607, Florida Statutes; and that my name