

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N08852** (8)

1. Corporation Name  
**THE LEHRMAN DAY SCHOOL, INC.**



Principal Place of Business: **727 77TH STREET MIAMI BEACH FL 33141**  
Mailing Address: **1701 WASHINGTON AVE MIAMI BCH FL 33139 US**

3. Date Incorporated or Qualified: **04/22/1985**  
3a. Date of Last Report: **07/20/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **59-0711180**  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**SCHANTZ, SCHATZMAN & AARONSON  
200 S BISCAYNE BLVD #3650  
SE FINANCIAL CENTER  
MIAMI FL 33131-2394**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>SCHANTZ, LAWRENCE M.</b>
STREET ADDRESS	<b>200 S.BISCAYNE BLVD 3000</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MALEK, ROCHELLE</b>
STREET ADDRESS	<b>420 LINCOLN RD.</b>
CITY-ST-ZIP	<b>MIAMI BCH FL</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>REVIT, MARK</b>
STREET ADDRESS	<b>10865 NE QUAY BRIDGE CT</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BARR, ARTHUR</b>
STREET ADDRESS	<b>1000 ISLAND BLVD</b>
CITY-ST-ZIP	<b>NORTH MIAMI BCH FL</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>HOLTZ, JAVIER</b>
STREET ADDRESS	<b>94 LA GORCE CIRCLE</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE
NAME	<b>TAYLOR, MITCHELL</b>
STREET ADDRESS	<b>1111 KANE CONCOURSE 619</b>
CITY-ST-ZIP	<b>BAY HARBOR FL</b>

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>REVITZ, MARK</b>
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>TAYLOR, MITCHELL</b>
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: LARRY SCHANTZ 1/16/96 538-2503(305)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)