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Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N10083 (6)  
1. Corporation Name  
SOUTH FLORIDA MONTESSORI EDUCATION CENTER, INC.



Principal Place of Business Mailing Address  
3881 NW 3RD AVE 3881 NW 3RD AVE  
BOCA RATON FL 33431 BOCA RATON FL 33431-5843

3. Date Incorporated or Qualified 07/06/1985 3a. Date of Last Report 04/30/1996

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip 29 Country 30 Country  
24 25 29 30  
4. FEI Number 59-2553586 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  
DELILLA, VICTORIA 81 Name  
3881 NW 3RD AVE 82 Street Address (P.O. Box Number is Not Acceptable)  
BOCA RATON FL 33431 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
TITLE DT ☐ DELETE 1.1 TITLE ☐ Change ☐ Addition  
NAME JACOBSEN, PETER 1.2 NAME  
STREET ADDRESS 6418 NW 5TH WAY 1.3 STREET ADDRESS  
CITY-ST-ZIP FT LAUDERDALE FL 1.4 CITY-ST-ZIP  
TITLE DPS ☐ DELETE 2.1 TITLE ☐ Change ☐ Addition  
NAME DE LILLA, VICTORIA 2.2 NAME  
STREET ADDRESS 3881 NW 3 AVE 2.3 STREET ADDRESS  
CITY-ST-ZIP BOCA RATON FL 2.4 CITY-ST-ZIP  
TITLE D ☐ DELETE 3.1 TITLE ☐ Change ☐ Addition  
NAME WINANS, DAVID R III 3.2 NAME  
STREET ADDRESS 3700 N OCEAN BLVD 3.3 STREET ADDRESS  
CITY-ST-ZIP GULF STREAM 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  
TITLE ☐ DELETE 5.1 TITLE ☐ Change ☐ Addition  
NAME 5.2 NAME  
STREET ADDRESS 5.3 STREET ADDRESS  
CITY-ST-ZIP 5.4 CITY-ST-ZIP  
TITLE ☐ DELETE 6.1 TITLE ☐ Change ☐ Addition  
NAME 6.2 NAME  
STREET ADDRESS 6.3 STREET ADDRESS  
CITY-ST-ZIP 6.4 CITY-ST-ZIP

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

SIGNATURE: Victoria DeLilla Victoria DeLilla 2/20/97 561 3946077  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 00000000

CR2E037 (9/96)