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Jan 28, 1999 8:00am  
Secretary of State

01-28-1999 90008 020 \*\*\*\*\*70.00

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N10083

1. Corporation Name

SOUTH FLORIDA MONTESSORI EDUCATION CENTER, INC.

Principal Place of Business

3881 NW 3RD AVE  
BOCA RATON FL 33431

Mailing Address

3881 NW 3RD AVE  
BOCA RATON FL 33431



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 07/08/1985 4. FEI Number 59-2553586 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

DELILLA, VICTORIA  
3881 NW 3RD AVE  
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	1.1 TITLE	
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	2.1 TITLE	
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	3.1 TITLE	
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		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, 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: W. JACOBSEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-12-99 561 3948077

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