FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:33

DOCUMENT # N94000006254 (6)

1. Corporation Name

TREASURE ISLAND PRE-SCHOOL CORP.

Principal Place of Business	Mailing Address
3941 TAMIAMI TRAIL UNIT #1133 PUNTA GORDA FL 33950	3941 TAMIAMI TRAIL UNIT #1133 PUNTA GORDA FL 33950

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/20/1994
3a. Date of Last Report:
4. FEI Number: 65-0540569 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 1515 Tamiami Trail	26 1515 Tamiami Trail
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Punta Gorda, Fl.	28 City & State: Punta Gorda Fl.
24 Zip: 33950 25 Country: Charlotte	29 Zip: 33950 30 Country: Charlotte

9. Name and Address of Current Registered Agent

FELDMAN, ROSALIA
25245 ZODIAC LANE
PUNTA GORDA FL 33983

10. Name and Address of New Registered Agent

81 Name: Anna Brookbank
82 Street Address (P.O. Box Number is Not Acceptable): 9241 Sweden Blvd.
83 City: Punta Gorda. Fl. 33982
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: Anna Brookbank DATE: 4-24-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	Anna Brookbank ☒ Change ☐ Addition
NAME	FELDMAN, ROSALINA	12 NAME	
STREET ADDRESS	25245 ZODIAC LANE	13 STREET ADDRESS	9241 Sweden Blvd. PRESIDENT
CITY-ST-ZIP	PUNTA GORDA FL 33983	14 CITY-ST-ZIP	Punta Gorda. Fl. 33982 D
TITLE	V	21 TITLE	Feldman. Mark ☒ Change ☐ Addition
NAME	FELDMAN, WILLIE	22 NAME	
STREET ADDRESS	33 GARRETT PL	23 STREET ADDRESS	2633 East 26th St VICE-PRESIDENT
CITY-ST-ZIP	GLEN ROCKS NJ	24 CITY-ST-ZIP	Bklyn. N.Y. 11235 D
TITLE	T	31 TITLE	Robert Brookbank ☒ Change ☐ Addition
NAME	SILBERMAN, AUDREY	32 NAME	
STREET ADDRESS	2545 ZODIAC LANE	33 STREET ADDRESS	9241 Sweden Blvd. TREASURER
CITY-ST-ZIP	PUNTA GORDA FL 33983	34 CITY-ST-ZIP	Punta Gorda. Fl. 33982 D
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	SILBERMAN, MARC	42 NAME	Silberman, Marc
STREET ADDRESS	1717 E. 8TH ST.	43 STREET ADDRESS	1717 East 18th St
CITY-ST-ZIP	BROOKLYN NY 11229	44 CITY-ST-ZIP	Brooklyn. N.Y. 11229 SECY
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

SUBMITTED BY MAY 1

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)(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: Anna Brookbank 4-24-95 813-575-1991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000353