

FEE IS \$61.25

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**  
**Feb 01, 1999 8:00am**  
**Secretary of State**

02-01-1999 90015 007 \*\*\*\*\*61.25

**DOCUMENT # N94000006254**

1. Corporation Name

**TREASURE ISLAND PRE-SCHOOL CORP.**

Principal Place of Business

1515 TAMiami TRAIL  
 PUNTA GORDA FL 33950  
 US

Mailing Address

1515 TAMiami TRAIL  
 PUNTA GORDA FL 33950  
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/20/1994	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0540569	
24 Country		30 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

## 9. Name and Address of Current Registered Agent

## 10. Name and Address of New Registered Agent

BROOKBANK, ANNA  
 9241 SWEDEN BLVD  
 PUNTA GORDA FL 33982

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1.13.99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKBANK, ANNA	1.2 NAME	
STREET ADDRESS	9241 SWEDEN BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SZWAYA, JAMES	2.2 NAME	
STREET ADDRESS	1181 N NEWLAND AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60635	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKBANK, ROBERT	3.2 NAME	
STREET ADDRESS	9241 SWEDEN BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL 33982	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SZWAYA, MARTA	4.2 NAME	
STREET ADDRESS	1811 N NEWLAND AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60635	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1.13.99

941-875-1991

Date

Daytime Phone #

CR2E037 (11/98)

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