

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000005803

1. Corporation Name

POMPANO BEACH PRESCHOOL PTC INC.

Principal Place of Business

Mailing Address

1801 NE 6TH ST 1801 NE 6TH ST
POMPANO BEACH, FL 33060 POMPANO BEACH, FL 33060

3. Date Incorporated or Qualified

1-1-96

4. FEI Number

65-0628024

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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. Is this nonprofit corporation a homeowners association?

Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEBBIE SUMMERS
1801 NE 6TH ST
POMPANO BEACH, FL 33060

81 Name

KAREY HADEN

82 Street Address (P.O. Box Number is Not Acceptable)

1801 NE 6TH ST

83

84

POMPANO BEACH FL

85 Zip Code

33060

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

Karey Haden

(NOTE: Registered Agent's signature required when registering)

4-29-98

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LISA WILSON	
STREET ADDRESS	1160 NE 26TH AVE	
CITY-ST-ZIP	POMPANO BEACH, FL 33060	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	LISA SPINELLI	
STREET ADDRESS	1251 NE 28 AVE	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	GAYNOR MASEMAN	
STREET ADDRESS	3400 SPRING ST	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TANIA PERAL	
1.3 STREET ADDRESS	323 NE 17TH AVE	
1.4 CITY-ST-ZIP	POMPANO BEACH FL 33060	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	KAREY HADEN	
2.3 STREET ADDRESS	1801 NE 6TH ST	
2.4 CITY-ST-ZIP	POMPANO BEACH FL 33060	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ROBIN BRICKETTO	
3.3 STREET ADDRESS	1041 SE 7TH AVE	
3.4 CITY-ST-ZIP	POMPANO BEACH FL 33060	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	900002533289	
6.3 STREET ADDRESS	-05/22/98--01050--032	
6.4 CITY-ST-ZIP	***61.25	

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.

SIGNATURE:

Karey Haden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-98 280-4180
Date Daytime Phone #

CR2E037 (10/97)