SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
Oct 08 1998 8:00am
Secretary of State

000704?

DOCUMENT # N97000003925 (1)

1. Corporation Name

DILLON COUNTRY DAY & LAB SCHOOL, INC.

Principal Place of Business	Mailing Address
12770 WESTPORT CIRCLE WELLINGTON FL 33414	12770 WESTPORT CIRCLE WELLINGTON FL 33414

2. Principal Place of Business
21 Palm Beach Polo Stadium
22 Suite, Apt. #, etc. 13420 South Shoreline
23 City & State Wellington Fla.
24 Zip 33414 25 Country USA

2a. Mailing Address
26
Suite, Apt. #, etc. Same
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified
07/07/1997

4. FEI Number
65-0762778 [ ] 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. Is this nonprofit corporation a homeowners association? [ ] Yes [X] 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

MOUSTAKIS, JUDITH D, Hon
12770 WESTPORT CIRCLE
WELLINGTON FL 33414

10. Name and Address of New Registered Agent

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

12 OFFICERS AND DIRECTORS

TITLE	D	[ ] DELETE
NAME	MOUSTAKIS, JUDITH D Dillon	
STREET ADDRESS	~~12770 WESTPORT CIRCLE~~ 12770 Westport Circle	
CITY-ST-ZIP	~~WELLINGTON FL 33414~~ Wellington, Fla. 33414	
TITLE	D	[ ] DELETE
NAME	Maureen A. Smith	
STREET ADDRESS	111 Rabbit Rd.	
CITY-ST-ZIP	Sanibel Island, Fla. 33957	
TITLE	D	[ ] DELETE
NAME	Diana Lucas Moustakis	
STREET ADDRESS	1 [illegible]	
CITY-ST-ZIP	Tutt, Florida [illegible]	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E037 (5/98)

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: Judith Dillon Moustakis 8/1/98 561-795-4718
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #