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Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90008 025 *****8.75

03-17-1999 90008 026 *****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000006394

1. Corporation Name

ACADEMY SCHOOL OF FLORIDA, INC.

Principal Place of Business

~~4805~~ S PINE ISLAND BLVD
FORT LAUDERDALE FL 33328

Mailing Address

~~4805~~ S PINE ISLAND BLVD
FORT LAUDERDALE FL 33328



2. Principal Place of Business

21 **4850 S. Pine Island**
Suite, Apt. #, etc.

2a. Mailing Address

26 **P.O. Box 290850**
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

11/06/1998

4. FEI Number

65-0876779

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

9. Name and Address of Current Registered Agent

ENFIELD, NINA K
2735 AVENUE AU SOLEIL
GULFSTREAM FL 33483

10. Name and Address of New Registered Agent

81 Name

NINA KAUFMAN ENFIELD

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

2735 Ave Au Soleil

83

GULFSTREAM

84 City

FL

FL

85 Zip Code

33483

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/1/99

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ENFIELD, NINA K	
STREET ADDRESS	2735 AVENUE AU SOLEIL	
CITY-ST-ZIP	GULFSTREAM FL 33483	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KAUFMAN, DAVID J	
STREET ADDRESS	11705 TERRA BELLA BLVD.	
CITY-ST-ZIP	PLANTATION FL 33325	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ENFIELD, EDMON L JR	
STREET ADDRESS	2735 AVENUE AU SOLEIL	
CITY-ST-ZIP	GULFSTREAM FL 33483	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ASHER, HANK	
STREET ADDRESS	5014 SANCTUARY LANE	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WACKS, ISRAEL L	
STREET ADDRESS	10257 ALLAMANDA CIR	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WACKS, SHARON	
STREET ADDRESS	10257 ALLAMANDA CIR	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DAVID WOLFSON MD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	3005 Casa Rio Ct	
1.3 STREET ADDRESS	Palm Beach Gardens FL 33418	
1.4 CITY-ST-ZIP		
2.1 TITLE	SORRELL L. WOLFSON MD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	3005 Casa Rio Ct	
2.3 STREET ADDRESS	PALM BEACH GARDENS FL 33418	
2.4 CITY-ST-ZIP		
3.1 TITLE	JOSEPH BUTTO JR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	115 Royal PK. Dr - Unit 1E	
3.3 STREET ADDRESS	Oakland PL FL 33309-5880	
3.4 CITY-ST-ZIP		
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		
6.3 STREET ADDRESS		
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:

Nina Kaufman **NINA KAUFMAN ENFIELD**

Date

1/24/99

Daytime Phone #

938/752-5038

CR2E037 (11/98)