

0723109-90009-013-\$70.00-\$70.00

AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000006639 ✓					
1. Corporation Name PALM BEACH COUNTY WORLD CLASS SCHOOLS INC. <i>Palm Beach County WorldClass Schools Inc.</i>					
Principal Place of Business 505 SOUTH FLAGLER, SUITE 1450 WEST PALM BEACH FL 33401			Mailing Address 505 SOUTH FLAGLER, SUITE 1450 WEST PALM BEACH FL 33401		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 SEP 24 AM 11:48

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2. Principal Place of Business 21 <i>222 Lakeview Avenue</i>		2a. Mailing Address 2a <i>222 Lakeview Avenue</i>		3. Date Incorporated or Qualified <i>11/20/1988</i>	
22 <i>1-250</i>		27 <i>1-250</i>		4. FEI Number <i>65-0940800</i>	
23 <i>West Palm Beach, FL</i>		28 <i>West Palm Beach, FL</i>		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
24 <i>33401</i> <i>USA</i>		29 <i>33401</i> <i>USA</i>		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent GRAGG, VANCE M 430 N W 8TH AVE. BOYNTON BEACH FL 33435		10. Name and Address of New Registered Agent 81 Name <i>Wendy Sartory Link</i> 82 Street Address (P.O. Box Number is Not Acceptable) <i>222 Lakeview Avenue</i> 83 <i>Suite 1250</i> 84 City <i>West Palm Beach FL</i> 85 Zip Code <i>33401</i>	
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11. Pursuant to the provisions of Sections 617.0602 and 617.1506, 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 617.0603, Florida Statutes.

SIGNATURE *Wendy Sartory Link* DATE *7-15-99*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1.1 TITLE	☐ Change ☒ Addition
NAME		1.2 NAME	<i>President (D)</i>
STREET ADDRESS		1.3 STREET ADDRESS	<i>David Harris</i>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<i>4400 PGA Blvd, #900</i>
TITLE	☐ DELETE	2.1 TITLE	<i>Treasurer (D)</i>
NAME		2.2 NAME	<i>Wendy Sartory Link</i>
STREET ADDRESS		2.3 STREET ADDRESS	<i>222 Lakeview Avenue, Ste 1250</i>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<i>West Palm Beach, FL 33401</i>
TITLE	☐ DELETE	3.1 TITLE	<i>Secretary (D)</i>
NAME		3.2 NAME	<i>Thomas Watkins</i>
STREET ADDRESS		3.3 STREET ADDRESS	<i>1551 Palm Beach Lakes Blvd, Ste 400</i>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<i>West Palm Beach, FL 33401</i>
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Wendy Sartory Link* DATE: *7/13/99* 501-838-4100

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)