SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
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

FILED
Jul 20, 1999 8:00 am
Secretary of State
07-20-1999 90025 013 ****61.25

DOCUMENT # N98000007375

1. Corporation Name
EINSTEIN MONTESSORI SCHOOL, INC.

Principal Place of Business	Mailing Address
709 NW 39 ROAD GAINESVILLE FL 32607	709 NW 39 ROAD GAINESVILLE FL 32607

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 5930 S.W. Archer Rd	26 5930 SW Archer RD	12/30/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 593552344 ☐ Applied For ☐ Not Applicable
City & State 23 Gainesville, Florida	City & State 28 Gainesville, Florida	5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country 24 32608 25 USA	Zip / Country 29 32608 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
OSBRACH, ALLEN Z 709 NW 39 ROAD GAINESVILLE FL 32607	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 _____ DATE 8/6/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	OSBRACH, ALLEN Z		1.2 NAME		
STREET ADDRESS	709 NW 39 ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32607		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CONWAY, TIMOTHY		2.2 NAME		
STREET ADDRESS	4602 SW 45 LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32608		2. 4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DRAKE, NEIL		3.2 NAME		
STREET ADDRESS	3746 SW 2 PL		3.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32607		3.4. CITY-ST-ZIP		
TITLE	DS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MONAHAN, DEANNA		4. 2 NAME		
STREET ADDRESS	14 SW 32 ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32607		4.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	TETRAULT, DENISE		5.2 NAME		
STREET ADDRESS	5320 SW ARCHER ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32608		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: Denise Tetrault SIGNATURE REQUIRED 8/6/99 373-3541
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (5/99)