

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000025717 (8)

1. Corporation Name

BLOOMFIELD MONTESSORI, INC.

Principal Place of Business

Mailing Address

6115 113TH ST N
SEMINOLE FL 34642

6115 113TH ST N
SEMINOLE FL 34642



3. Date Incorporated or Qualified

04/05/1993

3a. Date of Last Report

06/15/1995

2. Principal Place of Business

2a. Mailing Address

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Suite, Apt #, etc

Suite, Apt #, etc

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City & State

City & State

23

28

Zip

Country

Zip

Country

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALLIS, BARBARA J
6300 EVERGREEN AVE
SEMINOLE FL 34642

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name, if registered agent is not applicable

(NOTE: Registered Agent signature required when the State is)

LAH

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME P
STREET ADDRESS WALLIS, BARBARA J
CITY - ST - ZIP 6300 EVERGREEN AVE
SEMINOLE FL 34642

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51 TITLE
52 NAME
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61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-12-96

Date

Exhibit Page #

CR2E034 (3/96)